

Region VIII, American Association on Mental Deficiency

A Historical Perspective and Service Report: 1876-1976



Edited by Antusa S. Bryant and William A. Funari

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A HISTORICAL PERSPECTIVE AND SERVICE REPORT

Region VIII

American Association on Mental Deficiency

Edited by

Antusa S. Bryant

and

William A. Funari

October, 1976

WHERE DO WE GO FROM HERE?

CREDITS

Editors

Antusa S. Bryant, Ed.D.,
Professor of Special Education
Mankato State University
Mankato, Minnesota 56001

William A. Funari, M.A.,
Executive Director
Community Involvement Programs, Inc.
1900 Stevens Avenue South
Minneapolis, Minnesota 55403

Editorial Consultants

Frances Ames
Director, Family and Guardianship Services
Department of Public Welfare
St. Paul, Minnesota 55101

Robert Bader
Institution Program Coordinator
Brainerd, Minnesota 56101

Harriet Blodgett, Ph.D.
Program Director, The Sheltering Arms
4330 West River Road
Minneapolis, Minnesota 55406

Eunice Davis, M.D., M.P.H.
Director, Child Development Section
St. Paul Ramsey Hospital
St. Paul, Minnesota 55101

Patricia Fallbeck
Instructor, Special Education
Black Hills State College
Spearfish, South Dakota 57783

Edwin Leach, Ph.D.
Director, Department of Speech Pathology
Meyer Children's Rehabilitation Institute
University of Nebraska Medical Center
Omaha, Nebraska 68131

G.H. Lowther, M.B., Ch.B.
Director, Mental Retardation Programs
The Manitoba School
Portage la Prairie, Manitoba R1N 366

Arnold A. Madow
Assistant Administrator
Faribault State Hospital
Faribault, Minnesota 55021

Riley Nelson
Executive Director
The Powell School
Red Oak, Iowa 51566

Milla E. Rasmussen
1972 Mildred Thomson Award
515 Raglan Road
Winnipeg, Canada R3G 3E4

Maynard Reynolds, Ph.D.
Chairman, Department of Psychoeducational Studies
249 Burton Hall
University of Minnesota 55455

Paul Witucki
Superintendent
Grafton State School
Grafton, North Dakota 58236

Editorial Assistant

Kathleen K. Wolter
University Editor
University of Minnesota
Minneapolis, Minnesota 55414

Typist

Brenda S. Hagen
Relief Houseparent, Uptown Group Living Project
1446 West 34th Street
Minneapolis, Minnesota 55408

Assistant Typist

Susan Sandeen
Technical Secretary
Nuclear Science Division
3M Company
St. Paul, Minnesota 55101

Technical Assistants

Kay Jones
4506 Pillsbury
Minneapolis, Minnesota 55409

Maureen Ryan
Free-Lance Designer
3553 Portland Avenue
Minneapolis, Minnesota 55407

REGION VIII EXECUTIVE COUNCIL MEMBERS
1974-1976

CHAIRPERSON

Thomas Scheinost
Division of Mental Health and Mental Retardation
116 North Euclid
Pierre, South Dakota 57501

LeRoy Larson, Ph.D. (1974-75)
P.O. Box 749
Augustana College
Sioux Falls, South Dakota 57102

CHAIRPERSON ELECT

Sid A. Walmsley, M.R.S.H.
The Manitoba School
Box 1190
Portage la Prairie, Manitoba

VICE-CHAIRPERSON - ADMINISTRATION

William Campbell
Glenwood State Hospital and School
Glenwood, Iowa 51534

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Sayed Hussain, M.D.
Woodward State School
Woodward, Iowa 50276

VICE-CHAIRPERSON - EDUCATION

Robert H. Bruininks
Department of Psychoeducational Studies
University of Minnesota
Minneapolis, Minnesota 55455

IMMEDIATE PAST CHAIRPERSON

Geraldine Nesvan
Omaha Public Schools
3819 Jones Street
Omaha, Nebraska 68105

Edward LaCrosse, Ed.D. (1974-75)
M.C.R.I.
University of Nebraska Medical Center
42nd and Dewey
Omaha, Nebraska 68100

SECOND PAST CHAIRPERSON

Eunice Davis, M.D., M.P.H.
436 Transit
St. Paul, Minnesota 55113
(St. Paul Ramsey Hospital)

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Margaret Horrobin, M.D.
University of Minnesota
University Hospital
Minneapolis, Minnesota 55456

THIRD PAST CHAIRPERSON AND REGIONAL COUNCILOR

Riley Nelson
The Powell School
Red Oak, Iowa 51566

VICE-CHAIRPERSON - NURSING

June Triplett (1974-75)
College of Nursing, University of Iowa
608 Ninth Avenue
Coralville, Iowa 55240

SECRETARY-TREASURER

Willie Mae Ray
Beatrice State Home
Box 808
Beatrice, Nebraska 68310

VICE CHAIRPERSON - PSYCHOLOGY

Vivian E. Errickson, Ph.D. (1975-76)
1183 Ashland Avenue
St. Paul, Minnesota

REGIONAL MEMBERSHIP CHAIRPERSON

Patricia Fallbeck
R. 4, Box 801
Rapid City, South Dakota 57701
(Black Hills College - Spearfish)

Antusa Bryant, Ed.D.
Special Education Department
Mankato State University
Mankato, Minnesota 56001

Maurice LaFollette, Ph.D. (1974-75)
Glenwood State Hospital and School
Glenwood, Iowa 51534

VICE-CHAIRPERSON - SOCIAL WORK

Dorothy H. Roth
6601 Rainwood Road
Omaha, Nebraska 68152

EDITOR - CHANNEL VIII

Jerome F. Griepentrog
Beatrice State Home
Box 808
Beatrice, Nebraska 68310

VICE-CHAIRPERSON - VOCATIONAL REHABILITATION

Ralph Garner (1975-76)
1130 H Street, Apt. 204
Lincoln, Nebraska 68502

FOREWORD

Credit for the idea of doing a special project in celebration of the 100 years of AAMD during the 1976 conference belongs to Geraldine (Gerry) Nesvan. At the close of the regional executive council meeting held in Sioux Falls last winter, Gerry Nesvan (then 1974-75 chairperson elect) asked, "What shall our region do to celebrate the AAMD Centennial?" I was in the executive council of Region VIII, AAMD at the time. I suggested that a centennial booklet showing trends in service delivery to mentally retarded individuals in the region might be written.

Gerry, with characteristic dispatch, accepted my suggestion and appointed me as the person in charge of such a project. A \$50 budget was promptly appropriated for the work to be done.

To proceed with the project, the following questions had to be answered: What should it be called? What should it include? Who should write the parts? What would it cost? Who should pay for it?

These questions were difficult to answer. I had difficulty determining where to begin. When William (Bill) Funari agreed to work with me on the project, I was greatly relieved. His office immediately doubled as our project site.

All in all the project, which turned out to be a historical and service report, was exciting to do. We discovered many interesting facts about how retarded individuals have been regarded and served in Iowa, Manitoba, Minnesota, Nebraska, North Dakota, and South Dakota over the last 100 years. The changes in service delivery, though painfully slow, have favored the clients and their families.

There was a vast amount of material that Bill and I could have used in the report but could not because of production limitations. For example, we were frustrated with the fact that we could not include in the write-up luminaries like Grace Arthur and Florence Goodenough, to name just two. Both were psychologists of note in Minnesota. Grace Arthur developed the Arthur Point Scale, regarded as a culture-free intelligence instrument; Florence Goodenough developed the Draw-A-Person-Test. We mention Arthur and Goodenough because we know of them. We are nagged by the realization that we were unable to include and thus honor other notables, facilities, and organizations.

Given the necessary resources, a much more inclusive report could have been produced. But, even though this report may be limited, we believe that it does offer a historical perspective of what the last 100 years have meant to the retarded in the region. Those of us who work with the retarded can say with pride that we have become more reasonable and humane in our response to them. At the same time, however, we must recognize the importance of continuing to improve our record.

Antusa S. Bryant
October, 1976

ACKNOWLEDGMENTS

This historical and service report is the result of a cooperative venture by numerous individuals without whose talents, imagination, perseverance, and understanding, as well as their generous offering of time, effort, and money, it never could have been produced.

We only regret that we cannot acknowledge by name every person who helped us with the project.

We are deeply grateful to our contributors, editorial consultants, resource persons, and patrons.

We will remain indebted to:

Geraldine Nesvan, 1975-76 Region VIII, AAMD Chairperson, who wanted a special way of celebrating the AAMD Centennial at the 1976 Region VIII, AAMD Conference in Winnipeg, Canada;

Thomas Scheinost, 1976-77 Region VIII, AAMD Chairperson, who vigorously supported the idea of producing a booklet;

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David Colwell, President of the Minneapolis Association for Retarded Citizens, for allowing the use of the facilities of The Colwell Press, Inc. for keylining;

Benjamin F. Bryant and Susan Funari, our respective spouses, who not only have repeatedly forgiven us for our lack of attention during the preparation of the report but participated by proofreading the manuscript before it went to press.

- - Antusa S. Bryant and
William A. Funari,
Editors

HISTORY OF NORTH CENTRAL REGION
AMERICAN ASSOCIATION ON MENTAL DEFICIENCY

During the mid 1930's there were informal discussions by members of the American Association on Mental Deficiency (AAMD) about the need for regional organizations. Such organizations would help to increase membership, develop leadership for the national organization, involve members other than administrators in the activities of the organization and provide more "grass roots" participation. A committee was appointed in 1936 to consider regional organization. The committee's report and recommendations resulted in the establishment of regions and appointment of regional chairmen. In 1937, Dr. J. M. Murdock was appointed chairman of the North Central Region (Region VIII) which then consisted of Iowa, Minnesota, Nebraska, North Dakota and South Dakota and currently includes those same states and Manitoba which became part of the region in 1961.

The North Central Region held its first meeting in April, 1941 in the Medical Science building of the University of Minnesota. The conference program consisted of tours of institutions in Minnesota and presentations about the programs for the mentally deficient in each of the five states. There was a business meeting with a major result being a decision to hold annual meetings in the fall, a decision which has been in effect through the present time. Decisions which were not made at the meeting in 1941 or for many years thereafter was a decision to elect officers. Officers were appointed by the national association until 1950 when Miss Mildred Thomson took office as the president of the national association.

Miss Thomson noted in her presidential address in 1950 that the national organization came into being without local units because the number of persons with a common interest was small and scattered. Miss Thomson noted that this was no longer true and urged that local units be allowed to elect their own officers. It should be noted about Miss Thomson that when she said something should be done, it was done. Approval was given at that meeting to the election of officers by the local units effective in 1950. The North Central Region elected Dr. C.C. Graves as chairman and Mrs. Phoebe L. Marousek as secretary at the annual meeting in the fall that same year.

The office of Regional Councilor was established in 1952 as a means of maintaining communications between regions and the national organization. Dr. C.C. Graves was the first person elected by the region for that position. The office has increased its influence within the national organization through the years to the present time.

Having secured the right of self determination in the election of officers and established repre-

sentation at the national level, the officers of the region turned their attention to other needs of the region.

The regional newsletter "Channel 8" was established by the executive council in 1954 under the editorship of Mrs. Phyllis Omlid and published shortly after the conference in 1954. Mr. C.M. (Mac) Henderson with the dedicated assistance of Miss Ruth M. Gross published the newsletter for ten years from 1955 to 1964. Publication has continued through the present time.

By 1956-57, interest in the region had waned and a small group from Minnesota got together to develop a plan for developing grass roots interest in the region. Key people from each state were contacted and brought into the group. Channel 8 was used as a vital means of communication during those years. By 1964 it became possible to hold conferences in states other than Iowa or Minnesota. The 1964 conference was held in Omaha, Nebraska and was attended by 460 persons. The following year the conference was held in Winnipeg, Manitoba for the first time.

The Mildred Thomson Award was started in 1970 and the Irene Dunn Award in 1972 as a permanent memorial to the contributions to the field made by these two women.

The most recent development in the history of the region was the formation of state chapters. Minnesota held its organizational meeting in August, 1973. South Dakota organized its chapter in April, 1975. Efforts are currently underway in other states and Manitoba for organizing local chapters.

Eleven presidents of national AAMD have come from states of Region VIII during the one hundred years of AAMD's existence. This impressive accomplishment is representative of the effort, vision and leadership which have been demonstrated by the people from Region VIII. This booklet was encouraged and supported by many of the people who made the history which follows. I am privileged to introduce this opportunity to reflect on our past, take pride in our achievements and renew our commitment to promote the welfare of the mentally retarded through high standards for services, staff training and research.

William A. Funari
October 1976

HISTORY OF MENTAL RETARDATION IN MANITOBA, 1890-1976

Reverend S.A. Walmsley, Chaplain, The Manitoba School, Portage la Prairie, Manitoba

The story of the care of the mentally retarded in Manitoba probably dates back to 1890, when the Manitoba government erected a building in Portage la Prairie, 50 miles west of the city of Winnipeg, which was to be called the Provincial Home for Incurables. This was the first institution in Manitoba that housed patients with physically incurable diseases not requiring treatment in general hospitals. It was also a residence for paralytics and "mentally defective" persons. There was accommodation for approximately 57 persons who were attended daily by a physician from Portage la Prairie.

The long waiting list for entry to the institution created the necessity of building a new wing that was completed in 1898 and provided accommodation for about 120 patients.

In 1913, another new wing was built and the 275 residents were separated, those who were aged being placed in one area and those who were mentally retarded in another.

Between the years 1914 and 1921, almost no changes took place at the institution because of the stringencies placed upon the staff and because of tight finances owing to the efforts expended in wealth and manpower in the First World War.

In 1924, there were 410 patients in residence and, during this year, an act was passed by the legislature changing the name of the institution to the Home for the Aged and Infirm. As in the past, a city physician continued to attend the patients daily and a church service was conducted each Sunday by ministers from Portage la Prairie on a rotating schedule. At this time, when there were more than 400 residents, the staff was increased to about 85 persons who were now able to receive 1 day off in 7, each workday consisting of 12 to 14 hours of duty.

The first medical superintendent was appointed to the staff early in 1930 and, as the government had decided to make the institution exclusively for the care of "mentally defective" persons, the aged and infirm were sent to various municipal residences and provincial sanitoriums.

From this time, records began to be kept on each patient and a medical library and dispensary were opened. Occupational therapy became a part of the training and most of the residents received what was recognized as gainful employment in all departments of the institution: in the kitchen, the laundry, the sewing and mending rooms, on the wards, on the farm and in the gardens, in the barns and milking sheds, and anywhere else where

it was felt they might be useful and interested.

The first medical superintendent, Dr. H.S. Atkinson, immediately became involved in the reorganization of his staff and was given permission to employ some registered nurses to work on the wards.

In 1933, the Mental Deficiency Act was passed in Manitoba, again changing the name of the institution, this time to the Manitoba School for Mental Defectives. At this early date, the medical superintendent was hoping to enlarge the scope of services to the mentally retarded by instituting traveling mental health clinics, supervised centers for the training of "high-grade mental defectives," and extensive out-patient service to the surrounding district. These hopes, however, were to remain but dreams for the future because the economic state of the whole of Canada did not permit such an extension of services. Also, the expertise in the field was exceedingly limited.

As the depression of the 30's gradually abated, a little more money was made available and, in 1937, a nurses' residence was built "with all modern conveniences." This meant that nurses, who had been living in rooms attached to the wards, could move into their own staff facility. This eased somewhat the chronic overcrowding and permitted the setting up of sewing rooms and other special activity rooms.

In this year, a training school for mental nursing was begun and Dr. Atkinson received the full-time services of a junior physician.

April 26, 1939, saw the first nurses' graduation exercises held at the Manitoba School when seven young women received a diploma in mental nursing awarded by the Province of Manitoba. Lecture courses for male attendants also were begun in 1939.

With the outbreak of the Second World War in 1939, the institution supplied x-ray, laboratory, and psychiatric services to a military training center and to two air-training schools situated near the city. Dr. Atkinson obtained a leave of absence and joined the Royal Canadian Army Medical Corps. By the end of 1941, 28 staff members had enlisted in the armed services. The war years saw a 100% turnover in the female nursing staff, which made consistently good service to the patients very difficult. As soon as the war ended, steps were taken to remedy the urgent demand for increased facilities and staff.

Up to this time, the story of the care of the men-

tally retarded in Manitoba was the story of the Manitoba School. But, one day in May, 1950, three sets of parents of residents at the Manitoba School who made regular visits by train from Winnipeg to Portage la Prairie talked about their mutual problems and wondered how they could best assist the School. These parents - Mr. and Mrs. John Holmes, Mr. and Mrs. Robert Holms, and Mr. and Mrs. H.L. Softly - found that their common interests became the basis of a lasting friendship, and they began participating in organized efforts on behalf of the retarded. Disturbed by the paucity of reading material on mental retardation and by the fact that family physicians were unable to provide much information on the subject, they evolved plans to assist the Manitoba School in meeting the needs they had become aware of during their visits to the School. They formed the nucleus of a parents' auxiliary to the Manitoba School in order to extend the advantages of combined efforts to aid the residents.

These parents wrote to the medical superintendent asking him if an auxiliary to the School would be of assistance to him and his staff in the care of the residents. Doctor Atkinson accepted the offer with alacrity, as this was the first time parents as a group had made any offer of assistance. So emerged the Manitoba School Auxiliary, which later became the Manitoba Association for Retarded Children, and, more recently, the Manitoba Division of the Canadian Association for the Mentally Retarded. The Institutions Committee of the Association continued the work of the auxiliary until a separate organization renamed the Manitoba School Auxiliary was again set up. The logo for the Association for Retarded Children in Manitoba was a triangle, the three angles symbolizing the retarded child at home, in the Manitoba School, and in the community.

As its main function, the Auxiliary to the Manitoba School has had the responsibility of providing for residents those comforts and necessities that could not be provided out of the public purse. It would be a story of its own to describe the work carried out by the auxiliary from the original provision of party treats to the purchase and building of a lakeside resort on the shores of Lake Manitoba for summer camping for the residents of the Manitoba School.

The Manitoba Division of the Canadian Association for the Mentally Retarded likewise has played a most important role in providing care for the mentally retarded in Manitoba. Whereas the Auxiliary is now made up largely of parents and next-of-kin and friends of the Manitoba School and concentrates its efforts on provisions for the residents, the Association is a body that has been most effective in giving aid and assistance to parents of mentally retarded persons whose children remain at home or in the community at large. The role of the Association has frequently been that of lobbying for retarded persons in

the various units of the government of Manitoba. Due to their concerted and, at times, vocal and effective defense of the rights of the mentally retarded persons, a great deal of publicity has been given to the lot of the mentally retarded in Manitoba.

In 1960, the Manitoba government passed the Psychiatric Nurse Training Act, which enabled students, upon successful completion of their course, to obtain a Certificate of Registration by passing the provincial examinations after 3 years of concerted study.

In 1963, the first class of students, having written the provincial licensing examinations, received their registered psychiatric nurse's diploma. This was obviously a turning point in the care of the mentally retarded in Manitoba, for these graduates were persons with highly professional skills and were an elite corps from which has grown a body of dedicated and highly skilled workers in all areas in the field of mental retardation in Manitoba.

In 1962, a social work department was inaugurated and two registered psychiatric nurses from the Manitoba School were given the task of finding alternative situations for mildly retarded residents of the Manitoba School. The resident population, at this time, was about 1,100 and the total staff employed, including five doctors, was 425. It was obvious that great efforts had to be made to ensure the habilitation of mildly retarded persons, and the two new social workers spent many hours traveling through this vast area finding jobs, foster homes, and training situations for residents who should have been living in the community had there been appropriate support services available. The work of these two persons could not keep up with the influx of mentally retarded persons who it was felt needed institutionalization. As the knowledge of the fact that something could be done for the mentally retarded increased, so parents began to see the Manitoba School not as an "institution" but as a place of habilitation. The very work the social workers had been performing in an effort to decrease the resident population at the Manitoba School increased available information about the School and there was a commensurate growth of desire to utilize its facilities. In 1973, the Social Work Department was increased to 18 personnel, nearly all of whom had considerable experience as registered psychiatric nurses and had worked with the mentally retarded. By 1975, more than 60 persons were employed by the Manitoba Government in the area of Community Services-Mental Retardation.

In 1969, the Manitoba School had 1,200 residents and approximately 550 staff. By 1975, the resident population had been decreased to 970 and the staff had increased to approximately 700.

It is of interest to note that, whereas in 1959 there were approximately 600 mildly retarded and 180 severely and profoundly retarded persons in residence at the Manitoba School, by 1975 the figures had approximately reversed to 600 severely and profoundly retarded and 130 mildly retarded. A number of reasons account for this remarkable reversal of statistics. The diminution of the number of mildly retarded residents reflects the strenuous efforts of the professionals both at the Manitoba School and in community services to habilitate all the mildly retarded possible. Fifty percent of those who make up this segment of the Manitoba School's population are aged persons who, rightly or wrongly, have been at the institution for up to 50 years. Experience has shown that uprooting them from the institutional situation has not given them pleasure but, rather, deep separation anxiety from their familiar surroundings and friends. The other 50% are younger persons who have been institutionalized for a variety of asocial reasons including cosmetic, behavioral, physical, and medical problems.

The large influx of severely and profoundly retarded persons into the Manitoba School has been due to the increased longevity of this group of persons, whose average age of death 20 years ago was 15 years but whose life expectancy has now increased to 35 years.

In 1967, the original North American prototype for community residences for moderately retarded men and women living in a sibling relationship was developed in Portage la Prairie. The present medical director, Dr. G.H. Lowther, who was appointed to this office in 1965, presented the theory behind the community-based retardate family at the International Conference on Mental Retardation in Montpellier, France, in 1968. Since that time, 13 community residences for the moderately retarded have been developed in the province of Manitoba and by 1979, many more community residences are due to be developed.

Research in behavior modification commenced at the Manitoba School in conjunction with the Psychology Department of the University of Manitoba. Behavior modification programming has been developed to a point where 90% of the professional care personnel at the Manitoba School have received training in behavior modification techniques and nearly all the community service-mental retardation personnel have also received such training. Both a Behavior Modification Department and a separate Behavior Modification Research Unit have been formed at the Manitoba School.

In 1971, the first community residence for severely and profoundly retarded girls was opened in Portage la Prairie. These girls had been under intensive behavior modification programming for the previous 4 years, and the home is the prototype for other community residences for the

severely and profoundly retarded to be developed in Canada.

All behavior modification programming is considered in depth by a special ethics committee that includes many personnel who are not associated with behavioral science - for example, the physicians, chaplain, and clinical psychologists.

A special course in advanced studies in mental retardation was set up at the Manitoba School in 1969 specifically for professional workers in the area of mental retardation so that these people might be able to attain the benefits of the most up-to-date expertise in their fields. Initially, the prerequisites for entry to the course were either the diploma in registered psychiatric nursing or the registered nurse diploma or such other recognized professional standing plus 2 years of direct care service in the area of mental retardation. The course includes 350 hours of didactic training and approximately 400 hours of practicum. Various elements of this course are now being accepted as university credits, and lecturers who come from the staff of the Manitoba School and from the University of Manitoba are conducting training courses in community colleges, universities, and elsewhere in Manitoba.

The community services-mental retardation personnel are involved in giving direct services to the mentally retarded and their parents in the home milieu and also are involved in the areas of counseling, physio-therapy, prevention, nursing, education, work training, foster homes, community residences, and backup services.

The public information services conducted by the staff of the Manitoba School have borne much fruit. Two films made about work performed by staff in training programs at the Manitoba School have been nationally televised. One film, "Token Gesture," was given the Silver Award at the New York International Film and TV Festival in 1972. Also in 1972, those concerned with the area of mental retardation in Canada were proud to know that the Manitoba School received the A.A.M.D. Service Award. In 1971, the Manitoba School House Journal received first prize in a competition for all hospital house journals in Canada.

In the area of mental retardation, the community commonly is the greatest force in diminishing the role of the institution and accentuating community involvement, but this has not been the case in Manitoba. Here, the institution is but another community service and it is the professional workers in the institution who have spearheaded the thrust for realistic and viable normalization procedures for the mentally retarded.

Volunteer organizations such as the Manitoba Division of the Canadian Association for the Mentally Retarded and the Manitoba School Auxiliary have played an inestimably important role in pro-

protecting the rights of the mentally retarded persons whether they live in an institutional or community setting. There is great concern in the movement for the care of the mentally retarded in Manitoba due to the increasing liaison and increased understanding of their roles by the volunteers and the professional workers in the area of mental retardation.

As of this date, Dr. Lowther has been appointed director of programs-mental retardation for the province of Manitoba as well as being medical director of the Manitoba School, and the government of Manitoba is considering changes in the Mental Health Act that will place the care of the mentally retarded under a separate act.

This has been merely a short summary of the his-

tory of the care of the mentally retarded in Manitoba over the past 85 years since the initial building of the Home for the Incurables in Portage la Prairie. Of necessity, there are many aspects of the changing care and values regarding the mentally retarded that have had to be omitted. There are many great people who have given of their time, their talents, and their spirit to the lot of the mentally retarded in Manitoba who have not even been mentioned. Greater advances have been made in the care of the mentally retarded in Manitoba in the last 15 years than in the previous 70 years and, as we move into a new era in the life of the American Association on Mental Deficiency, we in Manitoba are preparing for the changes that are bound to occur as our understanding of human technology burgeons.

IOWA PROGRAMS FOR THE MENTALLY RETARDED SINCE 1876*

Bonnie Suss, Special Education Consultant, Lakeland Area Educational Agency 3, Cylinder, Iowa

INTRODUCTION

Iowa has provided programs for its developmentally disabled citizens since 1876, when it established Glenwood State Hospital-School. Since then it has developed another state hospital-school, 26 residential programs, 77 workshops and work activity centers, and 32 development day care centers. Over the years its public schools, universities, and government agencies and its Association for Retarded Children (ARC) have developed diagnostic and therapeutic centers, educational opportunities for the mentally retarded, and research programs.

Due to space limitations, only certain programs will be briefly described in this article: state hospital schools; other residential facilities; work activity centers; public school programs for the mentally disabled; state agencies for the handicapped; University Hospitals, University of Iowa; and Iowa Association for Retarded Citizens.

STATE HOSPITAL SCHOOLS

Glenwood State School

Glenwood State School, located at Glenwood, Iowa, the county seat of Mills County, is situated on a commanding elevation three quarters of a mile from the business area of the town overlooking the city and surrounding territory.

In 1873, Dr. W.S. Robertson made a strong plea for some provision for children who could not be educated in public school. He investigated institutions already established in the eastern states and contacted Dr. Charles T. Wilbur, superintendent of the Illinois Asylum for Feeble Minded Children, requesting him to visit Glenwood. With his efficient counsel and guidance, plans were formulated for the establishment of a program for the mentally retarded. The Institution was created by the 16th General Assembly in 1876, making Iowa the seventh state to establish a home and school for mentally retarded children. The bill was drawn by John Y. Stone of Glenwood and introduced in the House of Representatives by C.C. Horton of Muscatine. This act made provisions for the appointment of a Board of Trustees consisting of three persons: J.W. Cattell of Polk County, A.J. Russell of Mills County (Glenwood), and Dr. W.S. Robertson of Muscatine. They held their first meeting in Glenwood on April 26, 1876.

The property set aside by the state for the institution had previously been used for the western

branch of the Iowa Soldier's Orphan's Home. At one time the famous Billy Sunday lived in this house; he stopped to visit the institution on several occasions during his busy life.

The property, consisting of about 10 acres and a brick building, was in poor condition since it had been unoccupied for about a year and a half after the Soldier's Orphan's Home had been transferred to Davenport. Russell, the resident trustee, was directed to have the building and property repaired to the best condition possible with the means at hand.

The first superintendent, Dr. O.W. Archibald, came highly recommended professionally and socially from the Iowa Hospital for the Insane at Mt. Pleasant, where he had been assistant physician for a year and a half.

The doors of this new institution were opened on September 1, 1876; the first child was received on September 4 of that year. During this first year, 87 patients were admitted, 52 males and 35 females.

At this early date the necessity of a school was recognized and a principal and two teachers were employed. Many operations of the institution were primitive compared with the conveniences of today. The food was prepared on an old cook stove, and only a few loaves of bread could be baked at a time in the oven. The laundry and ironing were done by hand with the heat provided by room heaters. Kerosene lamps furnished the light, and water came from cisterns and from a well in Glenwood.

The second biennial report of Dr. Archibald, dated October 1, 1879, recorded a change in trustees when Mr. Thrall, Ottumwa, and E.R.S. Woodrow, a pioneer resident of Glenwood, were made members. Woodrow was the treasurer. Dr. J.A. Donelan of Glenwood was employed as consulting physician for the institution.

The legislature had been asked for more funds for the many needed improvements such as a better water supply, more farm land, a new main building, and dormitories for children's living quarters. The grove of trees immediately in front of the building was purchased to be used as a playground, and the board bought a Knabe Grand Piano at a cost of \$500 (the piano is still in the Chapel in the main building).

*This report is a compilation of excerpts from materials provided by resource persons from Iowa.

When Dr. Archibald severed his connection with the institution on May 24, 1882, a successor, Dr. F.M. Powell, was appointed immediately.

Dr. Powell was responsible for adding more teachers to the staff. He recognized the need for more room and for a general increase in facilities as the population grew. He made the work more efficient by dividing responsibilities and providing supervisors for departments. Two good sized cottages, a water tower, a small hospital, and a central main building were completed, after which a bake shop was added.

In October 1884 the eighth meeting of the Association of American Institutions was held in Glenwood; it was again held there in June of 1906.

The inmates were classified and placed in either the school or asylum areas, later known as the school and custodial departments. A building housing the patients was built to the south of the main building.

The various industry areas included the farm, orchard, garden, and livestock departments. Capable inmates were given helpful training in these areas since it was felt that practical training would benefit them greatly when they left the institution.

During 1886, a band composed of 18 boys was organized. Nothing had provided so much interest, entertainment, and pleasure. Since that time a band and orchestra have been maintained with both boys and girls as members. Some former male patients who have left the institution have participated in nationally famous musical organizations.

George Mogridge, a young Englishman who had heard of the institution, came to visit Glenwood State School seeking employment. Dr. Powell found him quite promising, employed him, and encouraged him to study medicine. He eventually graduated from the University of Nebraska Medical College in Omaha and became Dr. Powell's assistant.

By July 1, 1899, enrollment had increased to 815, creating the need for more room and equipment. A modern hospital was erected in 1899 in addition to an ice and cold storage plant, a fire building, and a farm cottage for older boys' living quarters, and new boiler room equipment was purchased. New barns were added and additional land was purchased.

The law regulating the age of admission of patients had initially been concerned only with the feeble-minded between the ages of 5 and 21. For a time females were admitted up to the age of 45. Later the age limits were entirely removed.

During its history, the name of the institution had been changed from Asylum to the Iowa Institu-

tion for Feeble-minded Children and, during the 40's, to the present name.

On July 1, 1898, a law was passed that resulted in another interesting change when a Board of Control of State Institutions was created to replace the Board of Trustees. The first Board members were William Larrabee, L.G. Kinne, and John Cownie.

A training course of 2 years and 9 months had been organized for attendants; those who passed a written examination at the close of the course received a diploma from the Board of Control. A regular training course for nurses in the hospital was maintained for a number of years, with graduates of this course eligible for registration.

Dr. Powell's superintendency extended over a period of time when it was necessary to "sell" to the public the need for building and financing such an institution. This he did quite successfully. After his resignation on July 1, 1903, his last report to the Board of Control stated in part, "During these twenty years, it has been my endeavor to keep the primary object for which the institution was created in the foreground in the duty of caring for the state's wards."

Dr. Mogridge, who had been the assistant for a number of years, was appointed superintendent. During the 32 years that he was superintendent, many changes and improvements took place. The patient population increased from 980 in 1903 to 1,695 in 1935.

The acreage of the farm, garden, and orchard increased. Dairy and swine herds were highly developed, making necessary new barns and silos. A custodial building for boys, another cottage for working boys, an additional cottage for school boys, a cottage housing 230 girls and another for juvenile girls, a new power plant, a laundry, and tunnels connecting the power plant with the various buildings were built.

A very desirable improvement was the railroad siding from the Burlington main line tracks to the power plant.

An annex to the general hospital for tubercular patients, an X-ray laboratory, a new receiving store room, and an industrial building were added. A resident dentist and psychologist were employed.

Dr. Harold B. Dye was appointed superintendent on July 1, 1935 to succeed Dr. Mogridge. Dr. Dye, a native of Iowa, was a graduate of the Nebraska University Medical College. He had been a member of the medical staff of the school before being appointed superintendent. Dr. Dye continued the state school program, making changes and improvements as the need arose. He was much interested in the psychological work being done in the State University Child Welfare Department and, in collaboration with the state psychologist, did work

along this line. He instituted the canteen system in the boys' and girls' buildings, where candy, ice cream, and all sundry items were made available for the patients to purchase.

Dr. Thomas B. Lacey, a native of Council Bluffs, Iowa, was appointed superintendent on July 1, 1939. He had attended Cornell University and graduated from Creighton University College of Medicine. He was associated with the Glenwood State School for 33 years, serving as superintendent for the last 5 years. A new building for custodial girls was added during this period; the old building was remodeled for an employees' cottage.

Dr. V.J. Meyer, a physician in Mondamin, Iowa, came to Glenwood State School as a member of the medical staff and was appointed acting superintendent upon the death of Dr. Lacey. On February 1, 1945 he was appointed superintendent, a position he held for 12 years.

During the past few years little building had been done. A canning factory was erected, and funds were appropriated for a new school building, which was completed in 1954. Repairs and general maintenance of property and buildings were large items. Conservation of farmland with improvement of land management and crops has kept abreast with modern methods. The total acreage of land was 1,185 acres, with 85 garden acres, and 64 acres in the orchard. The student enrollment during the 1950-52 period increased from 1,923 to 1,957. During Dr. Meyer's superintendency, a 40-hour week was inaugurated.

Alfred Sasser, Jr., was appointed superintendent in May of 1957. He initiated a program to help individuals with mental, physical, emotional, and social disability to attain their fullest potential, a program that included additional professional personnel. Sasser gave more than 300 talks on retardation throughout the state of Iowa and mobilized the state to recognize the retarded problem. In this respect, he made an important contribution.

Dr. Peter A. Pfeffer was appointed superintendent on September 1, 1959. He had been with the Veterans Administration for 30 years, coming directly from the V.A. Hospital at Brockton, Massachusetts, where he had served as manager. A great deal of reorganization took place involving both patients and personnel. The Nursing Department was completely reorganized, and school memoranda and bulletins were initiated to publicize policies. The entire institution was broken down into four areas and therapeutic teams were placed in each. New services were initiated. A habilitation ladder composed of five rungs was set up, with the habilitation wards on the fourth rung and a new program, the trainee-employee program, occupying the fifth rung. The sterilization policy was reinstalled in accordance with the state law. A motion picture selection com-

mittee was set up with patients for the first time included on the committee.

The volunteer program was reorganized and the Glenwood State School volunteer Services Committee was established. A germ and odor control program was instituted. A sanitary inspector was appointed from the medical staff. Personnel benefited by the institution of orientation programs, tours, a personnel physician, a service bulletin board, superintendent-employee meetings, and salary step increases for all nursing service and other employees.

Dr. Pfeffer resigned on September 23, 1961, and Dr. J.O. Cromwell, Director of Mental Health of Iowa, was appointed acting superintendent in addition to his other duties. Leonard Lavis, formerly assistant superintendent of the Wisconsin Child Center and Northern Colony Annex at Sparta, Wisconsin, and recently community consultant for Glenwood State School, was appointed assistant superintendent, and, in the absence of Dr. Cromwell, was to serve as acting superintendent.

In accordance with the desires of the mental health director and the Iowa Board of Control to gradually reduce the population, Glenwood State School adopted new admission criteria.

A working relationship with the University of Iowa's Special Education Department has been established, a necessary step for implementing the development of special education classes for the retarded in the southwest Iowa area and for helping develop educable and trainable classes in the regular school systems. With leadership provided by William Campbell, present superintendent, Glenwood State School hopes to continue to move forward in the care, treatment, education, and training of Iowa's mentally retarded, with the addition of professional and other needed personnel and services as finances permit.

Woodward State Hospital-School

Some 50 years ago, the problem of epileptic persons in the state of Iowa was of great public concern. There was neither effective treatment nor facilities for them. When, for social or medical reasons, they could no longer be cared for in their homes, they were sent to one of the four State Mental Health Institutes for confinement. These patients, however, were not insane. Neither the institutions nor the patients were appropriate to each other.

By 1913, the people of Iowa were aware of the need for an institution geared to the problems of the epileptic. In April of that year, the state legislature passed a law providing for a State Colony for Epileptics. In March of 1914, a tract of some 1,200 acres located $\frac{1}{2}$ mile north of the town of Woodward was purchased for this purpose. Construction of the hospital began in 1915, and Dr. M. Nelson Voldeng was appointed the first superintendent.

The hospital was originally composed of a group of small one-story cottages connected by enclosed corridors. Two central cottages in the group served as the office building, kitchen, and dining room. The cottages on either side were arranged symmetrically, one side for male and the other side for female patients. Each side consisted of a group of individual rooms, a large ward, and "isolation" rooms for patients who were disturbed or were suffering from heavy seizures. This group of buildings, known as Meadows, was planned to accommodate 150 patients. Together with the superintendent's residence, the power plant, and the supply depot and laundry, this was the Hospital as it opened on September 1, 1917. The first patient was admitted on September 6th. Thirty-four patients were admitted the 1st month and, with the transfer of epileptics from other institutions, the rooms filled rapidly.

Additional wards were badly needed, so Oak Hall was constructed and opened in 1919 as a custodial building with a bed capacity of 204. By the end of that year, 342 admissions had been recorded. Then a broad expansion program was initiated, providing for a new building approximately every 2 years. This continued until the depression years. Additional patient buildings were constructed as follows: Maple Lodge, 1921; Elm Crest, 1923; Pine Hurst, 1925; Larches, 1929; Hemlock, 1932; Westwood, 1936; Birches, 1942.

Due to the rapid growth of the Woodward Facilities and the acute overcrowding at the Glenwood State School for the mentally retarded, Woodward was also opened to retarded persons in 1921. The state has since been divided into two districts, with Woodward accepting mentally retarded persons from the northern section.

Some academic training for the epileptic patients of normal intelligence was given on the wards until the completion of a small three-room chapel-school. This building, now known as the chapel, was replaced by the present school building in 1929.

The Meadows was converted in 1948 to the Administration Building, housing the offices of the business and professional services and the male and female hospital wards. The most recent addition, Linden Courts, was completed and occupied in February, 1958. It was built parallel to and adjoining Maple Lodge, Elm Crest, and Pine Hurst.

Remodeling of Oak Hall and Pine Hurst has been completed and the latter is now known as the Medical Center. It is a complete unit with hospital wards, x-ray, laboratory, and other medical services located in this area. Those who seek an evaluation are housed in this area. They remain here from 5 days to 3 weeks, during which time they are given a complete physical, neurological and psychiatric evaluation when indicated, appropriate tests, dental evaluation, and appropriate

x-rays. Also included are psychological, social, religious, educational, vocational, physical therapy, speech and hearing, and nursing evaluations. At the close of the evaluation period, the individuals either become residents here or are referred to other facilities for the retarded. Woodward State Hospital-School also has a close working relationship with University of Iowa Hospitals, where pupil-patients with difficult medical problems are treated.

In addition to their official publication, newspapers, radio, television, tours, clinics, and a speakers bureau are all utilized in a constant effort to keep the public informed in regard to Woodward State Hospital-School and the field of mental retardation.

Presently Woodward State Hospital-School is legally mandated to provide diagnostic evaluation, treatment, training, instruction, care, habilitation, and support for mentally retarded persons from a specified portion of northern Iowa who need these services. In line with the Iowa Department of Social Services' commitment to providing comprehensive community-based services, the Hospital-School also serves as a mental retardation resource center.

OTHER RESIDENTIAL FACILITIES

Powell School and Home

The Powell School was established in 1903 by Dr. F.M. Powell, former superintendent of the Glenwood State School.

A NOBLE WORK

(From Red Oak, Iowa paper - Sunday, May 2, 1904)

"When Dr. F.M. Powell, late superintendent of the state institution for feeble-minded children at Glenwood, bought the Sanitarium property and came to Red Oak, he planned an institution similar in character and purpose to the state institution that he had just left. Before even the work of remodeling the building had been completed he was stricken down, but with a resoluteness that was admirable Mrs. Powell carried on the plans to a successful completion and the institution is today in perfect working condition. Pupils are being received continually and the work of educating them is going forward in a way that must be pleasing to those who have occasion to patronize it and to those who are engaged in its conduct.

"Few people in Red Oak realize the importance of the institution which has so recently become one of the really great things of which the town may feel proud. Being a private school for the education and training of backward and mentally defective children, of which schools there are scarcely a half-dozen in the United States, it may well

be considered something worthy of more than passing notice. Not only is it one of the very few of its kind in the country, but in the matter of facilities for caring for pupils it is the largest. The manager of a similar school in a neighboring state, who had visited all of the institutions in the country, made a visit to Red Oak and was surprised to find so extensive an institution. She told Mrs. Powell that the Red Oak School was better fitted and its facilities superior to those of any in the country.

"It goes without saying that the untimely death of Dr. Powell was a serious blow to the enterprise, but Mrs. Powell being so thoroughly acquainted with the original plans and designs of her husband and her heart being fully in the work, she has been able to carry the work to a successful beginning. In all she has been and is ably assisted by her talented daughter, Dr. Velura Powell, who is a graduate of one of the most noted medical colleges of the country and whose pride in her profession is truly an inherited gift from her eminent father.

"The advantage of sending mentally defective children to a private school must be apparent to every person when it is considered that the numbers attending the state institutions are so great that little individual attention can be given the pupils. Here the classrooms are very small and the peculiarities of every child can be studied and instructions given accordingly, while in the large institutions this is impossible. Here they have home comforts and are under the moral influences of the home. They are given individual care that insures results in the shortest possible time. This point was made so apparent to a representative of The Sun one day this week in a visit he made there that mention will be made of one feature.

"A small plot of ground has been fenced off for a school garden, each pupil being allotted a few square feet of ground in which to sow seed and plant things. The garden is visited daily by the children to watch the growth made and to keep it clean from weeds, the difference between useful and noxious plants being taught them. But the real interest in the garden is that each child feels that the garden bed assigned to it is his or her individual piece of property that can thrive only through his or her personal efforts.

"In the school room there are various methods of interesting the young and feeble-minded, a sort of kindergarten work that appears to be play rather than work. By it

the children learn the colors, acquire ideas of form and the desire to construct things from the variety of differently shaped objects. As the pupils advance they are taught lace making, an operation so intricate that when first seen by persons of more than ordinary ability seems well nigh impossible. Geography, reading, writing and arithmetic are also taught by methods not employed in the common schools, blackboards being used instead of books in all the work. There are some instances of remarkable progress by pupils.

"There is here no restriction as to age. The child which has been backward in its studies so that it no longer wishes to attend school because it must be in classes with small children gets the advantage of individual instruction and is spared the gibes and annoyances to which it is subjected in the public schools. The teachers must be and are perfect in the qualification of patience and kindness of heart, their treatment of the different pupils being varied as are the peculiarities of the children.

"People who have not visited the institution can have no idea of the changes that have been made in the building, which has been practically rebuilt and remodeled. A steam heating plant furnishing warmth for every room has been installed at a cost of something like \$2,500. Hot and cold water are forced into every part of the building. The rooms are all newly papered and frescoed. New carpets and new furniture have been placed in every room. In fact the expenditures have been so liberal that one is almost led to the belief that the desire to make it a perfect place was inspired by Dr. Powell's long connection with the state institution, where little thought is usually given to keeping down expense. The investment made in acquiring and bettering the property is over rather than under \$20,000.

"The references which are given by the school are of a high character and include ex-Governor Wm. Larrabee; Dr. J.B. Murphy and Dr. M. L. Goodkind, of Chicago; John Cownie of the Iowa board of control; ex-State Supt. Henry Sabin; Dr. George Mogridge, superintendent of Glenwood institution; Dr. Gershom H. Hill, of Des Moines.

"Red Oak people should show their appreciation of the school by visiting it occasionally, visitors being welcome on week days. The location is a beautiful one, affording a view of the surrounding country that is not excelled anywhere in Iowa."

Through the ensuing 73 years, the facility has served hundreds of clients from most of the

United States and Canada. With the changing of training and educational philosophies and new concepts of delivery systems, the Powell School adapts its program to new needs.

Group homes off campus are a near reality in facilitating community integration in southwestern Iowa.

The multi-disability program, the newest, serves those residents with borderline to the mildly retarded intellectual capacity commensurate with specific learning deficits such as language, speech and communication disorders coupled with emotional and/or physical disabilities.

Following the lead of Dr. Powell in 1903, the staff and administration has continued its strong support and personal involvement in the American Association on Mental Deficiency and in recent years the National Association of Private Residential Facilities for the Mentally Retarded. Staff involvement in the international arena has brought fruition to the Scandia Workshop Systems, a collection of finely produced perceptual-motor learning materials made in Sweden and packaged by residents of the Powell School.

Tommy Dale Memorial Developmental Center

The Tommy Dale Memorial is a private residential care facility located in northwest Iowa. It provides services for severely and profoundly retarded children. Children are accepted from birth through 18 years of age.

Tommy Dale staff members believe in the dignity of each child and the child's right to grow and develop as a unique individual. Thus, they try to provide an environment that is both creative and stimulating, one that will enhance the physical, mental and emotional needs of each child.

The Tommy Dale facility was established in 1961 by Mr. and Mrs. J.L. Torgerson in memory of their son, Tommy Dale, a victim of mental retardation who died at the age of 2.

In the 1960's, like all residential facilities, its primary task was meeting the physical needs of the children; with the turn of the decade, however, it has become a creative, innovative learning center.

Located in the residential area of Sioux City, with access to three beautiful acres of land, it includes an orchard, a picnic area, a playground, and a swimming pool. Services provided include nursing, physical therapy, occupational therapy, positioning therapy, social services, behavior therapy, and dietary service.

Handicap Village

Handicap Village was the first facility in the United States to include both physically and men-

tally handicapped adults in a self-help residential environment. It is not a school nor a medical facility, but a home.

Handicapped persons who come to the Village soon find themselves strong in areas where others are weak. They soon discover abilities they can use, abilities that perhaps no one ever before needed.

The Village provides not just the rights but the opportunities for dignity: to live alone, to socialize, to establish individual identity, to succeed or fail, to discover personal freedom and preferences, to enjoy life, to choose professional services, to worship and serve, to utilize talents, to utilize education and training, to participate in challenging and meaningful activities, to choose recreation and entertainment, to be needed, to love and do for others, and many more rights and opportunities that most citizens take for granted.

Winnebago Handicapped Services

The Developmental Center for Handicapped Children of the Winnebago Handicapped Services, a non-profit corporation, in Forest City began in 1968 in a rented facility. In October, 1972, the program moved into the new center and home.

The residential facility can accommodate 18 children, ages 6 weeks to 18 years, for 24-hour care, and the developmental center has a capacity for 30 children. Another residential home was added to the program in October of 1974. This home was licensed for seven children, bringing the number of children in residence to 25.

In September of 1972 the Winnebago County Board of Public Instruction hired a certified special education teacher for the county's trainable class, which was held in the developmental center. In September of 1974 the primary and elementary classes were moved to one of the local churches.

The Developmental Center is a pilot program in the care and training of the multiply-handicapped child. Its purposes are (1) to provide meaning and purpose in the children's daily lives (2) to help each of these children discover their abilities (3) to develop the children's potentials to the fullest (4) to provide a warm, family-like environment where love and concern for all can flourish, and (5) to be noninstitutional in character and thinking. Each of the children has individual needs for education, training, developmental therapy, recreation, worship, and personal privacy.

The developmental program consists of basic self-help skills, developmental activity, play therapy, social activities, language development, vocational skills, and exercises. The staff also includes a nurse who supervises the health, hygiene, medications, and diet of the children.

Hills and Dales

Hills and Dales, located in Dubuque, is a privately owned and operated facility providing both day and residential services to multiply-handicapped persons from birth to 18 years of age. Presently there are 52 residents and 3 individuals in day care.

Hills and Dales provides therapeutic programming in the areas of: nursing, education, habilitation (physical therapy, occupational therapy, positioning therapy), recreation, and social work. Each child is evaluated by all areas during the first 30 days following admission. At the end of this 30-day period an individual program is prescribed. Each child's program is reviewed at least once each quarter.

Crest Home

The Crest Home of Cedar Rapids is a group home for mentally retarded and limited functioning adults above the age of 16 years. The nonprofit home is owned and managed by the Northwest Baptist Home Society, an agency of the American Baptist Churches of midwestern states.

Crest Home is licensed for nine female and nine male residents. One bed for each sex is provided for short-term emergency care or for visitors to the home. This room may be used for an adult who needs a supervised living arrangement for a few days or for a few weeks while one of the parents is ill or while the family is on vacation. Some individuals may need to stay in the home only on weekends for a few weeks before entering the home on an extended basis, gradually adjusting to the change from their present home.

This facility has two major purposes: (1) to provide a supervised residence for mentally retarded adults who need this type of care in order to remain in the community and participate in community programs and (2) to provide training in self-help skills that will lead to more independent living. This training includes, but is not limited to the following: personal hygiene, such as proper bathing, selection of clothing, grooming, dental care, and use of cosmetics; menu planning and food purchasing; cooking and meal preparation; household maintenance and room care; clothing maintenance; recreation and leisure time activities; use of public transportation; money management; social contacts; purchasing clothing and personal items within the community; securing an apartment or alternate living arrangement if and when appropriate; counselling in personal problem solving; and group living skills.

Comprehensive Systems, Inc.

Comprehensive Systems, Inc., operates facilities to provide residential and treatment services for the developmentally disabled. A group of parents from northeast Iowa, working through their county

chapters of the Association for Retarded Citizens, conceived and founded Comprehensive Systems in 1970 as a nonprofit corporation to serve the developmentally disabled.

In 1971, a convent in Elma was converted into a teenage cottage, called the Elma Cottage. The Developmental Care Cottage was established in a remodeled doctor's office building in Charles City. In 1972, the gym of a former Catholic school in Elma was acquired for the Elma Work Activities Center. The adult cottage at Osage was completed in 1973.

The year 1975 brought plans for facility expansion such as new buildings set up to provide more normal living situations for the residents. These new buildings, with the optimum resident-staff ratio, will facilitate the best treatment programs available for the residents.

Upgrading of services has been a major task, but a worthwhile challenge. In the few years of its existence, Comprehensive Systems has grown from a small residential program for custodial care and maintenance of the developmentally disabled to an interdisciplinary center providing comprehensive professional services.

In 1970, license capacity was for 26 developmentally disabled housed in one building. Since then, license capacity has increased to 66 in four residential facilities serving ages 5 to adult.

To support the residential programs, Comprehensive Systems developed the Developmental Learning Center in 1970 and had developed the Elma Work Activities Center by 1972. These facilities are operated in conjunction with the local public schools and are licensed by the Wage and Hour Division of the Department of Labor.

On May 1, 1974, the Comprehensive Day Center Program was established and licensed lowering the age of service to 3 years for children as a day service basis with a potential license capacity for 54 children.

With the rising need and interest for improved programs and approaches for the developmentally disabled, various facilities in Iowa and across the country are working towards improvement and implementation of programs for the developmentally disabled. Comprehensive Systems, Inc. is no exception. It adheres to the principle of continuous training and growth for its paraprofessional and professional staff in order to attain quality services.

Comprehensive Systems subscribes to a multidisciplinary approach to treatment, which includes therapeutic education, psychological services, physical and occupational therapy, speech therapy, and medical programming. Each person's program is individually prescribed.

Comprehensive Systems' first consideration is the welfare and rights of the handicapped person. These rights include the best treatment programs available to insure a lifestyle as close as possible to that normally experienced by citizens of similar age in this area.

Area Residential Care, Inc.

Area Residential Care is a center designed to offer the mentally retarded child help in many areas. After diagnosis (at no matter what age), informed, understanding professionals are available to give counsel to families free of charge. They can give help in charting a course for the life of a child. The family is referred for training, physical, and psychological help for their child.

This program is a day school for children from 4 years up, giving training in life skills (self help) to whatever level of education the child is capable of receiving. It also offers a comprehensive vocational services program providing pre-vocational work experiences, work experiences, and vocational skills for children as they grow into adulthood. Residential living is provided by group homes for handicapped children whose total needs cannot be met in their natural homes. Foster homes can also be procured if necessary. Respite care can be provided temporarily for the retarded while their families vacation. Regular consultation for visual disabilities, hearing disabilities, and health care is available. Speech therapy and physical therapy are available to promote proper speech and physical development.

Area Residential Care coordinates a number of volunteer programs in areas of recreation, instruction, and religion.

Project PACE (Parent Action in Childhood Education) is sponsored by Area Residential Care. Homebound instruction is provided for handicapped children ages 0-6. Any child with any type of notable handicapping condition or developmental delay qualifies for this program.

To assist the hometeacher in developing the most beneficial educational program for each child, key agency personnel are called upon. The Area Residential Care staff includes a physical therapist, a speech therapist, and a behavior modification coordinator, all of whom can offer program suggestions.

A hometeacher goes into the home for 1½ hours each week, bringing all the necessary materials for the week's lesson. Activities are left for the parents to work on with their child for that week. The parents, as an integral part of this model, learn teaching techniques designed to suit the needs of their child's disability. The hometeacher also accompanies the parent and child on consultation visits, such as Iowa City evaluations,

doctor appointments, and school placement meetings.

Area Residential Care also has launched a new program called TRACE (Training and Re-Involving Adults in a Community Environment), a serious and desperately needed program designed to serve adult mentally retarded citizens over the age of 35 in the Dubuque area.

Clients served would be one or more of the following: (1) a 35 year-old person who has never worked competitively, (2) an older retarded person living alone, (3) an older retarded person living with parents and having received little or no programming, (4) an older retarded person living in a residential facility where there is little or no opportunity for appropriate programming, or (5) an older retarded person who is involved in working part-time in a workshop, but who needs additional programming.

The goals for TRACE are simple, direct, and tailored to the needs of the client: (1) to provide socialization of older people through peer group activities such as going to movies, playing card games, sewing, shopping, etc., (2) to provide instruction in the areas of grooming, budgeting time, travel, housekeeping, cooking, sewing, shopping, etc., (3) to provide practical application of instruction through field trips, home instruction, and practical tryouts in the Center, (4) to provide activities geared toward older people to give them constructive activities that are not demeaning, and (5) to identify problems of individuals and refer them to local resources when possible.

Systems Unlimited, Inc.

In 1971 the Association for Retarded Children in Johnson County, Iowa, decided to develop its own community alternative to institutional care. A pilot project was funded by the local county government and directed and administered by a non-profit corporation, in Iowa City, Iowa. Four basic principles were followed: normalization, flexibility, use of existing community resources, and regionalization or inter-county cooperation.

In the fall of 1971 the Board of Supervisors of Johnson County, Iowa, funded the project which proposed to select 10 school-age children who were then residing at the Glenwood State Hospital School, Glenwood, Iowa, and in cooperation with the natural parents and the state school, returned these children to the local community. The project further proposed that these formerly institutionalized people would be following a normal pattern of daily living in the community and be involved in existing developmental programs in the community, such as developmental day care, special education classes and/or pre-vocational work activity.

Systems Unlimited, Incorporated, was incorporated in the fall of 1971 and is now serving 74 develop-

mentally disabled persons (moderate to profound mentally retarded and/or physically handicapped) in residential settings.

There are currently 10 developmental living homes in the children's program. In addition to that, there are 12 apartment settings where adults are in supervised semi-dependent living situations while working in the community and two adult developmental living homes. Staffing now consists of five full-time professionals supporting the parent-counselors and single counselors in the program. Furthermore, there are about 85 part-time staff persons who work in the developmental foster homes and with the young adults in their apartment living in a supportive role to help in the process of training for daily living. Every attempt is made to utilize the resources in the community that are normally used by other citizens of the community.

WORK ACTIVITY CENTERS

Emmet County Handicapped Opportunities

On January 28, 1974, articles of incorporation were filed with the Iowa Secretary of State for the Emmet County Handicapped Workers Activity Center. Financial support for the 1st year came from the Emmet County Board of Supervisors, the Emmet County ARC, and a federal developmental disabilities grant. Information for planning and operating was obtained from other activity centers, sheltered workshops, and day care centers in various areas of the state. The state ARC was also beneficial in helping lay the groundwork for a beginning. A director was hired on June 1, 1974, to develop and administer a program in conjunction with the general policies formulated by the Board of Directors. After an extensive search, the present structure was decided upon to house the center in its 1st year of operation. The month of August was spent cleaning and fixing the building, hiring staff, buying equipment, and finalizing the details that enabled the Center to open August 26. With donations and discounts from various business places in the community and help from groups and individuals, the Emmet County Handicapped Workers Activity Center opened to nine clients on that date.

The need for a new building that would accommodate handicapped adults was quickly seen, and plans were made to finance such a structure. Dorothy Bunge and Francis Sheda were selected to co-chair a building fund drive. The drive started the last week of September. Since that time approximately \$35,000 has been donated by various clubs, businesses, organizations, and private individuals. The response has been supportive of the program, but the goal has still not been reached.

The Emmet County Handicapped Workers Activity

Center has received its initial certification from the Department of Labor, enabling it to pay clients on a piece rate basis commensurate with the minimum wage. Approval by the Iowa State Marshal has also been received.

The one-story Emmet County Handicapped Workers Activity Center is located on 2 acres of land south of Estherville on Highway 4.

The main workshop contains a ceramics area, sub-contract shops, and sewing and lounge areas. There is a separate room for manual training and also two rooms used for classes, speech therapy, counseling, and the office and lunch room.

Elma Work Activities Center

The Elma Work Activities Center is one of the components of Comprehensive Systems, Incorporated. It provides day services for residents of the Osage and Elma cottages as well as day basis clients. Activities the young adults are involved in go far beyond the sheltered workshop boundaries. Instead, the Work Activities Center is a continued learning center designed to help the developmentally disabled function more normally and become more socially acceptable. The overall service approach combines secondary special education, prevocational and vocational work experience, community work placement, medical supervision, social work, recreation and rehabilitation.

Hope Haven Developmental Center

The Hope Haven Development Center Corporation began in the late 1950's with the development of the first classroom for the trainable mentally retarded. This classroom was the result of an effort by the local Association for Retarded Citizens to provide training for trainable mentally retarded individuals. By 1964 this classroom had grown into Hope Haven School, which now serves Area XVI of the state of Iowa. As the need for adult training grew, a sheltered workshop, Productions, Inc., was opened in 1963 in Burlington to provide work for handicapped adults. A similar program was begun at the Tama School Building in 1969. During this time, funds were being raised by the Association for Retarded Citizens to build an Activity Center and Residence. In January of 1970 the Tama program moved into the newly-constructed Hope Haven Activity Center. At this point, the program was administered by the Association for Retarded Citizens Board of Directors. In 1972 Productions, Inc., merged with Hope Haven to form one facility that now serves approximately 85 physically and mentally handicapped adults. Since January of 1973 the Hope Haven Activity Center has been administered by a Board of Directors.

The Hope Haven Activity Center is a work activity center for physically and mentally impaired adults.

Work is supplied by subcontracting with area industries to do jobs such as collating, assembling, packaging, processing, and salvage. Clients are paid a wage corresponding to their productivity; wages are obtained directly through the contracts. Currently there are 11 floor supervisors who are each responsible for a crew of workers. In addition, the staff includes a full-time nurse, a certified occupational therapist aide, a public relations director/ceramics instructor, a full-time personnel counselor, a workshop director, a facilities superintendent, an accountant, two secretaries, and an administrator.

Hope Haven Residence

The Hope Haven Residence is a link between the Activity Center and Hope Haven School. The 30-bed facility houses 18 adults who work at the Activity Center and 12 children who attend the school. On duty are the housemother, a nurse, a women's aide, a men's aide, 3 children's aides, 2 night aides, 2 kitchen staff and 1 custodian. The Residence is a 5-day care facility; clients arrive on Sunday evening and return to their homes on Friday afternoon. The atmosphere provided is as home-like as possible, with activities and social events scheduled weekly.

PUBLIC SCHOOL PROGRAMS FOR THE MENTALLY DISABLED*

The public schools of Iowa are mandated by law to provide education for children needing special education. For comprehensive programming, the state is divided into 16 education areas that are coordinated by area education agencies. These agencies provide support staff that include psychologists, school social workers, work experience instructors, consultants for mental and learning disabilities, speech clinicians, learning clinicians, itinerant teachers, and rehabilitation counselors. Although support staff members serve all children within the school system, special education children receive top priority.

STATE AGENCIES FOR THE HANDICAPPED

Iowa State Services for Crippled Children

Iowa State Services for Crippled Children (SSCC) provides a statewide program of services for Iowa children with special health problems. It is an organization of health specialists who offer diagnostic services, recommend programs of care, and assist families and doctors in planning and carrying them out. It does not provide services for acute illness. After a child attends an SSCC clinic, reports are sent to the child's doctor and other professional persons directly involved in the child's care. Consultants from SSCC provide continuing help to families in their own communities as well as at clinics.

Diagnostic services are offered by SSCC at about

100 field clinics in the state of Iowa and at clinics of the University of Iowa Hospitals in Iowa City. Announcements of clinic locations and dates are sent to physicians and other professionals involved in child care in the state and are printed in local newspapers.

Cooperating with other agencies that provide health services to children, SSCC conducts research in the cause and treatment of special health problems related to handicaps and speaks as an advocate for children of the state of Iowa.

Any child under the age of 21 who is in need of health services is eligible to receive help from SSCC. Usually the child's doctor makes the referral, but families or other persons in the community involved with child care may also contact SSCC on their own.

In 1936, SSCC offices were located in the basement of Children's Hospital. The agency later moved to unused World War II barracks and, in 1954, to quarters in the Hospital School's new building. Through the 40 years of its existence, the agency has developed its services, expanding from a few clinics concerned mainly with orthopedic problems (which were frequent in the early years in the child population) to operating some 90 health clinics a year all over the state for a wide range of handicapping conditions. Mental retardation is one of the important areas of disability in which SSCC has developed expertise and offers diagnostic evaluation and assistance in implementing programs of care.

UNIVERSITY HOSPITALS, UNIVERSITY OF IOWA

Child Development Clinic

The Child Development Clinic, an out-patient facility, is a division of the Department of Pediatrics of the University Hospitals, University of Iowa. It is supported by University funds from the Division of Maternal and Child Health, Iowa State Department of Health. The primary role of the Child Development Clinic is diagnosing developmental problems in children. Once a diagnosis has been made, the child is referred back to her/his personal physician and to the resources of the local community with appropriate recommendations. In selected cases, short-term therapy may be provided by the Clinic if no local resources are available.

Children with severe behavioral disorders are not seen by the Child Development Clinic; such children are referred to the Department of Child Psychiatry. Similarly, children who have physical abnormalities or whose major problem is neuromuscular (cerebral palsy) are referred to the Children's Rehabilitation Section of the University Hospital School. The Clinic provides a comprehensive study on any child under 17 years

*Requests were made for information for this section, but only the above material was received.

who has problems suggestive of mental retardation, problems associated with poor school performance, or psychological problems associated with medical conditions.

All referrals must be made by a physician. The Child Development Clinic functions as a consultative diagnostic center and, as several recommendations involving different agencies may be made on the same patient, one person in the community must of necessity assume this responsibility for the total care of the patient. The family physician is the logical person to perform this task.

The physician sends the request for a Child Development Clinic appointment to the Admissions Office of the University Hospitals, along with the necessary papers directly to the Child Development Clinic. The appointment is made and the referring physician and the family are notified. A form letter is also sent out to welfare, public health nursing, and other agencies as indicated, asking that the child's social and health history be compiled and sent to the Child Development Clinic before the Clinic appointment. This information is usually secured through home visits by local health and welfare personnel. When the child is of school age, information is also sought from the schools.

The patient and her/his parents are seen by a pediatrician, a psychologist, a social worker, a public health nurse, a speech and hearing consultant, and a dentist. Additional medical consultation, such as cardiology or ophthalmology, is arranged as indicated. Appropriate laboratory studies are also carried out. Next the staff meets to share observations, review the reports from school authorities and other agencies, and formulate recommendations. One member of the staff then sits down with the parents and discusses the findings and recommendations.

The Clinic, like many other University departments, has a threefold program of service, education, and research. These services are constantly being evaluated to make them more effective in meeting the needs in the field of a child's growth and development. Educational opportunities are provided for students in various disciplines to learn more about the children and their problems.

Research is constantly being carried out in the Child Development Clinic by all members of the staff. The problems of developmental disorders are investigated from many different viewpoints, because only from this comprehensive approach can the needs of these children and their families be understood and satisfied.

IOWA ASSOCIATION FOR RETARDED CITIZENS

The Beginning of the Iowa Association for Retarded Citizens

The September, 1951, issue of Parents Magazine carried an article entitled "New Hope for the Different Child." The article described a national organization organized in 1950 to work for the benefit of the mentally retarded. This article brought to a few Iowa readers the first indication that, by banding together, they might gain an understanding of mental retardation and, through united effort, they might be able to develop needed programs.

Mrs. Victor Bunge, then of Garner, Iowa, wrote to Woodhull Hay, then secretary of the organization for more information and to see whether other Iowans had responded to the magazine article. Mr. Hay gave her the names of three other persons: Mrs. Ralph Lillard, Jolley; Mrs. R.J. Donnellan, Greenfield; and Mrs. W.F. Bolam, Ottumwa. Mrs. Bunge then wrote to these mothers to see if they would be interested in developing an organization in Iowa; all said yes. Mrs. Bunge was also referred to the nearest organized group at Albert Lea, Minnesota. She made a personal visit to Albert Lea and attended a local meeting there.

In June of 1952, Mrs. Lillard accompanied the Bunges to the Minnesota ARC convention in St. Paul. Mrs. Bunge and Mrs. Lillard then decided it would be best for each to organize a local unit in their own community and to urge the other two mothers to do the same, as publicity could then be gained and other communities might be encouraged to organize units.

In a local newsletter from Chicago, Mrs. Adair of Albert Lea noticed that people from Cedar Rapids had visited the South Side Play School. She gave those names to Mrs. Bunge, who contacted LeRoy Peterson of Cedar Rapids and Robert Hahn. A few families had been brought together by Mr. Peterson, then director of special education in the Cedar Rapids Schools, and they were seeking information so they could organize. Mrs. Bunge met with them in December of 1952 and was able to share with them information she had gleaned through correspondence and contacts in Minnesota.

An article entitled "Retarded Children can be Helped" in the Saturday Evening Post of October, 1952, brought much encouragement and help to the Iowa pioneers. This article brought a number of inquiries from Iowa people to the NARC officers. Mrs. Bunge was asked in November, 1952, to be the resource person in Iowa to carry through on all correspondence from Iowa. She assumed this responsibility with great reluctance, believing that there were others more capable of guiding into existence an organization to deal with the delicate problems of mental retardation. In addition she had the responsibility of two sons, 7 and 9, and a daughter not quite 2 years old. As time went on, however, it seemed that she was

destined to play this role.

As each new inquiry came through from the national officers, Mrs. Bunge would record it and then contact the parents, urging them to take the initiative in organizing a unit in their community. She had access to a public school duplicating machine, so she was able to duplicate literature, reading lists, etc., and supply it to new people. She purchased several bundles of the article, "Retarded Children can be Helped" to send in response to inquiries and through occasional bulletins kept all interested persons informed of developments.

The Iowa Association for Retarded Children, later known as the Iowa Association for Retarded Citizens (IARC), was formed in 1953. Robert Hahn was elected first president; Ed Lindmon, first vice president; Frank Stewart, second vice president; Erma Bunge, corresponding secretary; Dorothy Hahn, recording secretary; Vergie Josten, financial secretary; and Jean Bolam, treasurer.

The first efforts of the association were directed to the support of the Mental Health Association in obtaining funds for a treatment center for disturbed children.

In January of 1959, Mr. S.R. Christensen became the first Executive Director of the Iowa Association for Retarded Children. He came to the Association with a background of work in the public field. Under his leadership new committees were formed and a program stepped up throughout the state.

Among the achievements of the association are public understanding of the retarded and how they are helped, appropriate legislation, fund drives for various projects, and a group insurance plan.

The advancement in the first years of the association indicates sound ground work from which to go forward. And go forward the IARC will, for the "LIGHT HAS SHONE FORTH AND THE PATH IS AHEAD."

Iowa Resource Persons

Alice Benck, Director, Exceptional Opportunities,
Burt

Don Boyer, Director of Handicap Village,
Clear Lake

Paul P. Brodigan, Director of Activities,
Glenwood State Hospital School, Glenwood

William Campbell, Superintendent,
Glenwood State Hospital School, Glenwood

Michael D. Hanna, M.R. Supervisor,
Fort Dodge

Lila Holdsworth, Director, ECHO
Estherville

Hope Haven Staff, Rock Valley

Sayeed Hussain, M.D., Clinical Director,
Woodward State Hospital-School, Woodward

Levon McCollester, Medical Records Librarian,
Glenwood State Hospital-School, Glenwood

Jean Mills, State Library Commission of Iowa,
Des Moines

Riley Nelson, Director, The Powell School,
Red Oak

Wayne Nielsen, Director, Comprehensive Systems,
Inc., Charles City

Pam Schoffner, Director of Public Relations,
Association for Retarded Citizens, Des Moines

Joan Schultz, Special Services, Woodward State
Hospital-School, Woodward

Frank Vance, State Director of Special Education,
Des Moines

Dr. Ruth C. Webb, Director, Developmental
Therapy, Glenwood State Hospital-School,
Glenwood

Iowa Resource Materials

Books

Miracle of the 70's, A Story of Handicap Village
by Arlene R. Lashier Graphic Publishing Co., Inc.
Lake Mills, Iowa 50450

Brochures

Area Residential Care, Inc., Dubuque

Crest Group Home Brochure, Cedar Rapids

Emmet County Handicapped Opportunities, Inc.,
(E.C.H.O.) Estherville

Hills and Dales Child Development Center, Inc.,
Dubuque

Project Pace, Dubuque

Tommy Dale Memorial Developmental Center, Sioux
City

Winnebago Handicapped Services, Inc.

Bulletins

Iowa Association for Retarded Citizens Information
Bulletin No. 26

Iowa State Services for Crippled Children (S.S.C.C.)
Information Bulletin

Newsletters

Area Residential Care, Inc., September, 1975

Hope Haven Area Development Center, Burlington

Woodward State Hospital-School 50th Anniversary,
Woodward

Reports

Child Development Clinic, The University of Iowa,
1968-70

Comprehensive Systems, Incorporated, Fifth Year
Report, Charles, City

Miscellaneous

Winnebago Handicapped Services Fact Sheet, 1-75,
Forest City

Systems Unlimited, Inc.

MINNESOTA'S RESPONSE TO MENTAL RETARDATION THROUGH THE YEARS

INTRODUCTION

Minnesota officially began its service to mentally retarded citizens when the 1878 legislature authorized the establishment of the Experimental School for Imbeciles, later known as the Faribault State Hospital. In the ensuing years, many additional state residential facilities for the mentally retarded have been opened.

In 1897, Laura Baker School, the first private residential school for the retarded was established, followed by a few others. The concept of normalization prompted the development of several more private facilities beginning early in the 1960's.

Interest and concern for the needs of the retarded in Minnesota have been reflected in the quality of the programs developed and delivered by public and private residential facilities, schools, sheltered workshops, and day activity centers, as well as in the formation of a number of prominent organizations such as the Minnesota Association for Retarded Citizens (MinnARC), the Minnesota Daytime Activity Center Association, and the Association of Residences for the Retarded in Minnesota (ARRM).

Because the present network of services for the retarded in the state is both extensive and intricate, it cannot be adequately covered here. We have, however, attempted to present a summary of the Minnesota story, which includes the following: a history of Minnesota's mental retardation institutions, the Minnesota Learning Center, a few of the private residences/schools for the retarded, public school education of the mentally retarded in Minnesota, the history of sheltered workshops, the ARC in Minnesota, the DAC's in Minnesota, the Association of Residences for the Retarded in Minnesota (ARRM), Planned Parenthood of Minnesota program-services for the mentally retarded, the Minnesota Developmental Disabilities Planning and Advisory Council, and new trends in residential facility programs for people who are mentally retarded.

A BRIEF HISTORY OF THE STATE INSTITUTIONS FOR THE RETARDED IN MINNESOTA

Arnold A. Madow, Faribault State Hospital

In his annual report for 1877, J.L. Noyes, superintendent of the Minnesota Institution for the Deaf and Dumb and the Blind in Faribault, noted:

"The existence in the state of quite a class of children of weak minds . . . They are not reached by the public schools or any of the state institutions . . . where, as a rule, their condition is soon determined and then they are returned to their homes, doomed to

to a life of ignorance and imbecility. This ought not so to be. "Ought not," for schools and institutions of learning are based on the principle that all human beings are capable of improvement, and even the poor imbecile is not an exception to this rule, and he has a right to the means of improvement; and it is the duty and for the interest of the state to see that these means are provided . . . In their behalf and that of their parents, and in behalf of the rights of a common humanity, I ask that something be done for their improvement."

In response, the 1878 legislature authorized the board of directors of the institution at Faribault to establish an Experimental School for Imbeciles. Dr. H.M. Knight, founder and superintendent of the Connecticut School for Imbeciles, was consulted in June, 1879, and "superintended the organization and opening of the school until his son, Dr. Geo. H. Knight, took charge . . . in September, 1879. The Board rented the Fairview House in Faribault and in July, 1879, received nine boys and five girls from St. Peter State Hospital. Eight others were received from St. Peter and Rochester in the next year and a half. Applications for admission were numerous. Reports of improvement in the students were inspiring. The board of directors, superintendent, and commission of medical examiners of the Hospitals for the Insane recommended that the school be made permanent and that \$25,000 be appropriated for building and organizing "an institution comprising both an educational department for imbeciles and a custodial department for idiots."

What is now (after a succession of name changes) the Faribault State Hospital thus developed the first organized Minnesota effort to treat the mentally retarded separately from the mentally ill and to do so in the context of a special school. Within 2 years, Dr. Knight was recommending expansion of the school to accommodate "idiots" and "epileptics," whose applications for admission were being turned down as the school concentrated on the most hopeful cases. The original building was extended several times and housed about 350 before a second building was opened in 1892-93.

In 1885 Dr. Knight was succeeded by Dr. A.C. Rogers, who, in 32 years of superintendency, was one of the most innovative mental retardation specialists in the country. He established a "farm colony" in 1890; initiated a training program for attendants and nurses in 1896; employed the first psychologist (A.R.T. Wylie, Ph.D.) in any institution for the retarded in 1898; established an "epileptic colony" (first called "The Retreat") in 1900; established a research depart-

ment in 1910 under F. Kuhlmann, Ph.D.; engaged in considerable genetic research; and edited the Journal of Psycho-Asthenics (now the American Journal of Mental Deficiency) for 20 years.

Meanwhile the population continued to increase; 303 in 1890; 797 in 1900; 1,260 in 1910; 1,709 in 1920. In June, 1925, a new Minnesota Colony for Epileptics (now Cambridge State Hospital) received its first 45 residents from Faribault. In 1945 the State Public School at Owatonna, which previously had cared for dependent or neglected children, was converted to an institution for "highgrade" feebleminded children. It was eventually (by 1954) to have 375 students. Also in 1945 an Annex for Defective Delinquents was established at the St. Cloud Reformatory for Men with the transfer of 52 men from Faribault. In 1951 a cottage at the Women's Reformatory in Shakopee was developed as a unit for 30 small children. In 1955 the Ramsey County Preventorium became the Lake Owasso Children's Home. It was operated as an annex to Faribault until 1961, when administration was transferred to the authority and administration of Ramsey County government.

By 1958, when the Brainerd State (School and) Hospital opened, there were more than 5,200 residents in state facilities. By 1962 that number had increased to 6,565. Faribault had reached its high in 1955, with 3,344; Cambridge attained 2,107 in 1963; Brainerd would reach its high in 1966, with 1,371.

Throughout this 80-year period, Minnesota's program for its mentally retarded citizens was concentrated, with only a few isolated exceptions, in its residential institutions. But, although institution populations appeared to be increasing without end, other events during the 1950's and early 1960's presaged a new era. A changed cultural climate favored habilitation of the retarded. The development of special education and day activity programs, along with more careful screening of the waiting list for institution admission began to stem the flood of admissions. (In 1960 there was a waiting list for institutional admissions of approximately 1,000. By 1965 the waiting list had been accommodated and only short lists were necessary for a specific program to meet a person's particular needs. Minnesota is now one of the few states without a waiting list). The opening of a third major institution at Brainerd was fortunately accompanied by a decision to regionalize the state program for the mentally retarded. Residents transferred from one facility to another were often found to be capable of living and working in or near their home communities. Many of the more mildly retarded were discharged to live with relatives or independently. This induced still further development of community alternatives to institutionalization. The opening of several large private facilities between 1963 and 1967 helped produce a discharge rate at least double the

earlier rate. Institution populations declined: to 6,276 in 1965; 4,589 in 1970; and 3,517 in 1975.

Further regionalization was accomplished beginning in 1968. Advances in the treatment of mental illness produced a rapid emptying of state hospital beds, which were then converted to mental retardation facilities. The dates of such conversion and the maximum populations of the facilities were:

St. Peter S.H. (Minnesota Social Adaptation Center)	1968	387
Hastings S.H. (Residential Opportunity Center)	1968	68
Rochester S.H. (Rochester Social Adaptation Center)	1968	181
Fergus Falls S.H. (Regional Retardation Center)	1969	329
Moose Lake S.H. (Skills Development Center)	1970	167
Willmar S.H. (Glacial Ridge Training Center)	1973	157

At the same time, some facilities were being phased out during the years indicated:

Hastings State Hospital special unit for the mentally retarded	1951
Sauk Centre Children's Home	1955
Annex for Defective Delinquents	1963
Shakopee Children's Home	1969
Owatonna State School (replaced by the Minnesota Learning Center at Brainerd State Hospital)	1970
Hastings State Hospital, Residential Opportunity Center	1976
Lake Owasso Children's Home (transferred to Ramsey County)	1976

Although some facilities were closed, the following Minnesota state residential facilities were accredited by the Joint Commission on Accreditation of Hospitals:

Fergus Falls Regional Retardation Center
Moose Lake Skills Development Center

Glacial Ridge Training Center at Willmar

Rochester Social Adaptation Center

The recent changes in Minnesota institutions are not limited to places and numbers. Prior to 1960, mildly and moderately retarded persons constituted 70% of the residents; in 1975 only 15% were the less disabled. The greatly reduced populations, legislative concern for improved staffing, and new standards of care and habilitation have brought about a high degree of individualized treatment. With reduced numbers there have also been vastly improved environmental conditions. Once more our institutions for the retarded recognize that "schools . . . are based on the principle that all human beings are capable of improvement, and even the poor (retarded person) is not an exception to this rule, and he has a right to the means of improvement."

THE MINNESOTA LEARNING CENTER

Michael Reagan, Special Projects Coordinator,
Minnesota Learning Center, Brainerd, Minnesota

The Center serves up to 80 youths at one time. These students are primarily children with developmental disabilities (I.Q. range of 50-85) who exhibit such severe behavior problems that they are unable to successfully adjust to the demands of contemporary community living. No children are admitted simply to serve their academic needs. A child must also have a "behavioral disability" that cannot be adequately controlled by the family or through available community resources. These are students who cannot remain in the community unless some modification of their maladaptive behaviors takes place. It is the primary mission of the Minnesota Learning Center to provide a short-term educational and social-learning intervention program directed toward returning the student to the community as rapidly as possible.

The Center staff is administered on the management-by-objectives strategy. The basic unit of organization is a teaching team composed of eight staff members. Each teaching team is held accountable for delivering individualized program services to 8-10 students and for providing 24-hour-per-day student supervision. Each team is composed of one certified teacher, one recreation specialist, one teacher aide, two human development services specialists (or technicians), two special schools counselors, and one behavior analysis specialist, who may come from any civil service job classification but who must have skills in applying the principles of operant learning theory.

Teaching teams at the Minnesota Learning Center specialize in providing services to children of elementary and secondary school ages and to students in need of vocational training. Within these parameters, the student may receive services while living in the Center or in a halfway house

and may attend the public schools in Brainerd, a storefront or vocational school, or classes and tutoring sessions within the Center. Each resident lives in an environment that is both remedial and developmental. Besides stressing basic skill development, the curriculum includes functional learning tasks that are designed to prepare the student for living in today's society. This curriculum transcends the treatment program by incorporating activities and environments that provide experience with appropriate interpersonal or social skills, as well as those more traditionally categorized as academic, vocational, or recreational.

One of the most important aspects of the Minnesota Learning Center's program is the capability for providing needs assessment and program development services. A student arriving at the Center becomes the immediate responsibility of a teaching team that specializes in developing student programs. This program planning unit is made up of one teaching team that is supplemented by the addition of a psychologist, an educational diagnostician, a social worker, a teacher/parent trainer, a nurse, and a secretary. It is the responsibility of the program planning team to devise and test the parameters of a learning program that will maximize the rate at which the student gains the skills that will permit him/her to enter a community-based facility (e.g., home, foster parent placement, group treatment home, etc.). While the individualized program is being devised and tested, the teacher/parent trainer is working with those persons who will receive the student. The trainer's objective is to provide those persons with the skills they need to implement the program developed by the program planning unit. Whenever possible, the student returns to the community for educational and treatment programs.

As a statewide resource for particularly difficult children, the Minnesota Learning Center encourages consultation over the phone about a potential case, possible resources within the state (public or private), and the suitability of making a formal referral to the Center for further diagnosis and evaluation. The purpose of such consultation is to help the county welfare department expedite resolution of the problem, shorten the waiting period, and prevent, where possible, inappropriate formal referrals to the Center while facilitating rapid admission for those who should be admitted.

A FEW OF THE PRIVATE RESIDENCES/SCHOOLS FOR THE RETARDED

Laura Baker School

Gary Gleason, Director, Laura Baker School,
Northfield, Minnesota

Laura B. Baker accepted an appointment as principal at the State School and Hospital in Faribault, Minnesota, 1884. During her 12 years at Faribault,

she was in contact with parents who were seeking for their children a more intensive educational program and a less confining atmosphere than they were receiving in state institutions.

In 1897 Miss Baker decided to establish a residential school that could offer opportunities for those who could profit from special training combined with an attractive, homelike environment. Years before much interest or concern for retarded citizens had developed, Miss Baker was carrying on a vigorous, forward-looking program that stressed health, socialization, education, and training for these citizens. Laura Baker School now stands as a permanent memorial to her foresight, ability, and perseverance. Located in Northfield, Minnesota, the School currently serves 55 residents.

The Laura Baker program is a step in making it possible for mentally retarded residents to learn to adapt successfully to society's demands. The behaviors, values, and skills necessary for functioning in society are stressed every day. The program provides a structured, secure environment so that retarded individuals can form stable perceptions of the world and develop to their fullest learning capacity.

Learning at Laura Baker School takes place not only in the classroom, but also in the living area under the direction of the house-parents. Each resident has an individualized developmental program plan with time-limited behavioral objectives. Long-range goals for residents in the program call for a greater degree of independence and possible job placement.

Hammer School

Merlyn Larson, Executive Director, Hammer School, Wayzata, Minnesota

Hammer School was founded in 1923 by Alvina Hammer. Miss Hammer began her work with the retarded as a nurse at Faribault State Hospital. She owned and directed the school until 1947. Evelyn Carlson became the owner and director in 1947 and operated the school as a proprietorship until 1960. The school was incorporated in 1960 as a Minnesota nonprofit corporation with Reuben Lindh as the chairman of the board. Miss Carlson continued as director until the spring of 1974, when the directorship was assumed by Merlyn Larson.

Hammer School was one of the early community-based residential programs in Minnesota. It was the birthplace of the ARC movement in Minnesota. Miss Carlson was an active participant in the creation of the Daytime Activity Center Association of Hennepin County and of the Association of Residences for the Retarded in Minnesota (ARRM).

Hammer School has a long and positive history of leadership in providing services to people who are mentally retarded. The challenge of the

future is to maintain that legacy of excellence.

Louise Whitbeck Fraser School, Inc.

Louise Whitbeck Fraser School Board of Directors, Minneapolis, Minnesota

It has been 40 years since Louise Whitbeck Fraser (1894-1976) opened her home to a group of handicapped youngsters to offer them companionship plus organized work and play. With a background in teaching, tempered by the experience of helping her daughter overcome almost insurmountable obstacles, Mrs. Fraser heard the plea of parents of retarded youngsters, parents who spoke for those unable to speak for themselves. Hearing the plea and recognizing the challenge, Mrs. Fraser started the Home Study School, which has grown into the Louise Whitbeck Fraser School.

Mrs. Fraser found herself working in an area where little had been done and about which little had been written. Developing her program required the use of trial and error, "educated guesses," and generous quantities of faith and love. With remarkable success, most significantly through the imaginative use of music, she has been able to reach, teach, and lead many of her charges toward full use of their capabilities.

With the passing years, the pioneering efforts of Mrs. Fraser in the area of mental retardation have been recognized, and she has been asked to discuss her program to many groups. She has chosen and trained capable teachers to aid her in this work, and she has helped retarded children and their parents to find security, reassurance, and joy where they did not exist before.

From its original use as entertainment, music has been expanded in function at the Fraser School until it is now the basis for the entire educational program. The ability of music to calm disturbed and agitated children and to stimulate the apathetic was discovered early. It is still used to help students settle down after a weekend or summer at home, when they find it difficult to resume the quiet classroom pattern of behavior, or on other days to rouse them from apathy to action.

Of more significance, however, are the rapport and communication music establishes with the new pupil who has withdrawn from verbal communication. Often such a child has found life so difficult to cope with and people so ready to rebuff, punish, or dominate him for reasons he cannot understand, that he withdraws in rebellion and fear from even trying to speak. Music reaches him, unhindered by barriers he has raised against verbal communication. It helps him feel that he "belongs," lets him share pleasant emotional experiences, and provides the opportunity to express himself in a socially acceptable and appropriate manner without feeling threatened.

Responding with physical actions to recorded music helps a child to establish his self-iden-

tity, to "get in harmony with himself." Beating a drum will often help a nonspeaking child utter sounds in time with his beating and then will help him say his own name or another recognizable word as the first step on the long road to speech.

At the Fraser School, music is used to establish relaxed drawing or writing patterns in bodies and minds unfamiliar with them. Coordinated with, and as background in other classes, music helps students remember facts and accomplish tasks impossible without its help. It provides gratifying experiences as reference material on which to build a happier, fuller life.

The Sheltering Arms

Harriet E. Blodgett, Ph.D., Program Director,
The Sheltering Arms, Minneapolis, Minnesota

Sheltering Arms was founded in 1882 as a private, nonprofit, charitable corporation to serve children. It was an orphanage until about 1941; from then until 1955 it was a hospital for the treatment of poliomyelitis. A board of directors is responsible for the overall administration. When the need for a polio hospital was erased by the development of the Salk vaccine, the board of directors asked the Hennepin County Community Welfare Council for advice as to current needs that Sheltering Arms could help meet. A committee, with Dr. Maynard Reynolds as chairman, recommended in the spring of 1955 that the board of directors develop a school facility for mentally retarded children in cooperation with the Minneapolis public schools. The committee recommended that the school focus on the needs of trainable children and also incorporate research, comprehensive evaluation of family situations, parent counseling, and professional training. This recommendation was accepted and the school program began in September of 1955.

During the 1st year, Sheltering Arms had three classes - two for trainables and one for educables - 6-to-10-year-olds, for a total of about 36 children. The school currently has three trainable and three educable classes which each year serve a total of 66 children ages 5 to 14. Selection criteria include difficulty of diagnosis and prediction, variety of cause and family situation, classroom balance, and willingness of parents to participate in research and in the parent education program.

During the early years, the school was overwhelmed by the number of applicants, since there were few public school programs for trainable children. During these years, Sheltering Arms served as a demonstration center, providing opportunity for superintendents, principals, and special education directors to observe trainable classes in action and to discuss with the staff various aspects of opening a trainable class. Staff members went out to talk with school boards and to visit and consult with newly developing programs

both in public schools and in daytime activity centers. The 1957 special education legislation made trainable classes permissible but not mandatory; it was not until 1971 that the mandatory law was passed. At first, there were few curriculum guides or teaching materials designed for trainable children; teachers at the school simply "invented" their own. Now there are so many teaching aids on the market that selecting wisely is the problem.

At Sheltering Arms, work with parents is of equal importance to work with the children themselves. The formal parent education program is carried on one evening a month.

Research activities have been broadly conceived as fact-finding projects. A behavior rating scale is completed each year for each child by all the staff who have contact with the child. The use of monthly parent reports has been one of the school's most useful parent education devices. The school has done a study of attitudes of brothers and sisters of retarded children and has completed one followup study of graduates. Two major publications have resulted from work done at Sheltering Arms: Understanding Mentally Retarded Children, by Harriet E. Blodgett and Grace J. Warfield, published in 1959 by Appleton-Century-Crofts, and Mentally Retarded Children: What Parents and Others Should Know, by Harriet E. Blodgett, published in 1971 by the University of Minnesota Press. A number of graduate students have used the population at Sheltering Arms for their dissertation research.

Another project, done in 1964-65, involved operating a training program in mental retardation under a contract with the U.S. Public Health Service. This experience contributed to the development at St. Mary's Junior College of a 2-year training program for child development technicians. The school also has conducted a pilot program for several blind retarded children with financial help from the Huested Foundation.

Development of a volunteer program was begun during the 1st year, and the school continues to find volunteers very important. The school also started employing classroom assistants before the current teacher aide program in regular schools was begun. Sheltering Arms provides practicum settings for a variety of students. As part of its concern for public education and professional training, the school offers many lectures to groups of parents, community groups, and in-service training programs on topics related to retardation. Children not attending school at Sheltering Arms may be seen at the school for psychological study.

Sheltering Arms continues to work closely with the Minneapolis Public Schools' Special Education Department. Staff members recognize that current "mainstreaming" procedures are not for all mental-

ly retarded children. They see a particular danger in the mainstreaming process in its neglect of interpreting mental retardation to parents who, with limited information and interpretation, may be less able to meet the needs of their retarded child because they have not been helped to an adequate understanding of mental retardation. Continuing efforts will be aimed at helping to make the correct decisions for individual children and providing the special school setting for those who need it. Children as people are the focus of the program; learning how to live is the goal.

Mount Olivet Rolling Acres

Gerald F. Walsh, Executive Director, Mount Olivet Rolling Acres, Excelsior, Minnesota

Rolling Acres had its start in 1955, when the parents of 15 mentally retarded teenagers and adults purchased the present site and began offering a program of training and care. Recognizing that many more mentally retarded persons could benefit from this kind of care, the parents proposed to make a gift of the facilities to Mount Olivet Lutheran Church of Minneapolis, providing that the program continued to expand. Because of the great need for such a service, the Church accepted the gift, and a new corporation was formed with plans to build a model facility. In 1969 the new Mount Olivet Rolling Acres opened with three houses. A fourth house was added in 1973, along with a central building with activity areas, a dining room, kitchen and laundry facilities, and administrative offices.

PUBLIC EDUCATION OF THE MENTALLY RETARDED
Betty Hubbard, Consultants in Parent and Community Relations, St. Paul Public Schools,
St. Paul, Minnesota

Minnesota has a long history of concern for its handicapped children. The education of mentally retarded and other handicapped children was recognized as a public school responsibility as far back as 1915, when the Minnesota state legislature agreed to pay school districts with specially trained teachers a state aid of \$100 for each mentally retarded, deaf, blind, or speech handicapped child. Even though this modest aid was increased over the next 40 years, growth was extremely slow.

In spite of the financial incentives, public school education was not seen as the child's right. The then universal practice of removing children with handicaps from the community had encouraged the building of a system of care and training operated, not by education, but by welfare. Parents seeking education for their retarded children were counseled to place them in state hospitals, thus reducing the demand for progress in the local school districts.

In the early 1950's, parents and professionals, impatient with an inequitable and discriminatory

system that kept more children on waiting lists than in programs, banded together in an organization called the Minnesota Council on Special Education. At the same time, Dr. Ralph Rossen, Commissioner of Public Institutions, appointed a committee to make recommendations to the Minnesota State Board of Education. The 1951 committee report focused on the need for educational programs. As a result, the Minnesota Commissioner of Education established in 1951 an advisory committee to make a study relative to public school programs for children with severe mental retardation. In 1955 the Minnesota Council on Special Education was able to persuade the state legislature to establish an Interim Commission on Handicapped Children. The Commission, headed by Senator Elmer Andersen, put together a piece of landmark legislation that was to change radically Minnesota's institution-based approach to the education of mentally retarded children.

Two young men who were to gain national prominence as advocates for handicapped children were involved in the work of the Commission. Representative Albert H. Quie, then a member of the state legislature, later went on to the Congress, where he has been an effective spokesman for handicapped and disadvantaged children and youth. Dr. Maynard Reynolds, now chairman of the University's Department of Psychoeducational Studies, helped the Commission gather data and write the model statutes that were the chief products of the Interim Commission.

Two special education laws were passed by the 1957 legislature. One made the education of all educable handicapped children mandatory and outlined a state aid system based on essential personnel rather than on individual children, an important concept in a state with many thinly populated areas. The second law granted state aids to school districts that provided instructional and other services to trainable mentally retarded children on a permissive basis, a dichotomy that parents and professionals lived to regret. The original appropriation included incentives to the teacher training institutions to encourage the development of programs for the training of special education teachers and other essential personnel. The incentives were in the form of graduate fellowships and summer training stipends for teachers already employed in public schools. Funds were also provided to help the training institutions hire staff to develop the programs, recruit students, and begin the process of converting "regular" teachers into special education professionals.

Funds were also appropriated to establish a special education section in the Department of Education. The new law also established an Advisory Board on Handicapped, Gifted and Exceptional Children, a citizen body with broad advisory responsibilities, not only in education, but also in health and welfare. In spite of a perennial lack of funding, the Advisory Board, appoint-

ed by the governor, provided an inter-agency forum for the exchange of ideas and the discussion of issues. Its wealth was its distinguished membership.

The University was the first to enter the field. Through its Extension Division, the University sent its staff on the road to every corner of the state, teaching late afternoons and evenings in high school assembly halls and classrooms. Metropolitan area teachers attended classes after school and on Saturdays on the University's Minneapolis campus. The Minnesota Department of Public Welfare provided funds and leadership for several years in the early 1960's for summer workshops for special education teachers. These workshops were held first at Owatonna State School and later at Brainerd and Faribault State Hospitals.

The state universities at Mankato and St. Cloud took advantage of the incentive grants to develop their own special education training programs in 1958. Moorhead State University soon followed suit. Special education began to come of age. A federally funded doctoral program to train leadership personnel at the University was instituted. The focus of college programs changed from retraining to the training of full-time young students attracted to a new and challenging field.

The immediate effect of the new law was dramatic. In 5 years, the number of handicapped children in public school programs almost doubled. The majority of these were educable mentally retarded children. The development of programs for trainable youngsters proceeded predictably at a much slower rate. In 1961, the Minnesota Association for Retarded Children decided that the climate of opinion in the state was so opposed to mandatory education of trainable children that another approach should be sought. The Pilot Daytime Activity Center Act, administered by the Minnesota Department of Public Welfare, set up a demonstration grant-in-aid program for mentally retarded children and adults who "by reason of age or disability" were not eligible for public school programs. Vigorous implementation efforts by local ARC's in cooperation with key individuals in the Minnesota State Department of Public Welfare, assured the success of the pilot program, and the state legislature responded by passing the Daytime Activity Center Law in 1963.

The effect of the new program was to make visible a whole population of children hitherto unacknowledged by the communities in which they lived and to prove unequivocally that trainable mentally retarded children could be taught a whole range of self-help and academic skills. It took another 8 years to convince legislators and educators that the education of all handicapped children should be the responsibility of the public schools.

In 1971, a band of determined volunteer lobbyists,

both parents and professionals, succeeded in persuading legislators that all children have a right to public school education. They were backed by an equally determined throng of parents of mentally retarded children in the local ARC's, whose letters and telephone calls to their own legislators carried the day.

The implementation of the new mandate surprised everyone. Gloomy predictions of a gradual phase-in over a long period of time proved to be untrue. Even though the legislature had enacted a mandate without the additional funds necessary to carry it out, school districts, singly and in cooperation with adjoining districts, managed, almost overnight, to organize classes for thousands of children. The existence of the day activity centers made it possible for districts to contract for services until they could establish their own programs.

The most unexpected product of the new law was the beginning of massive education programs for children in the state institutions. The programs were operated by the local school districts, with tuition paid by the districts of the parents' residence. Although some legislators had declared themselves unalterably opposed to the education of "crib children," it soon became evident that Minnesota educators, with strong parent support, had adopted a "zero reject" philosophy. For the first time, educators addressed themselves seriously to the complexities of educating children with multiple handicaps.

In less than 20 years, through a combination of supportive legislators, strong parent groups, and local administrators and school boards which were willing to acknowledge the right of all children to public school education, Minnesota's mentally retarded children have achieved their educational birthright. The next step, already being addressed, is to upgrade the quality of that birthright.

THE ASSOCIATION FOR RETARDED CITIZENS (ARC) IN MINNESOTA

Gerald F. Walsh, Executive Director, Mount Olivet
Rolling Acres, Excelsior, Minnesota

As early as 1942, thought was given to organizing a parents group in Minnesota, but it was concluded that nothing could be done. In 1946, parents of children at Hammer School in Wayzata formed an organization that became the Minneapolis Association of Parents and Friends of the Mentally Retarded. The Minneapolis association spurred the organization of similar groups in other communities in Minnesota and eventually led to the development of ARC's in the state.

Minneapolis was represented at an AAMD meeting in New Orleans in 1948, along with parents from several other states. At this meeting, one institution superintendent who spoke was all in favor of parents organizing, provided they were directed by a superintendent of an institution or another

professional person. In 1950, at the AAMD meeting in Columbus, Ohio, Mildred Thomson, as president of AAMD, placed special emphasis on the parents, who, although not organized nationally, had many strong local groups with broad interest. She "took the risk of issuing an invitation in the name of the Minneapolis association for local associations to meet in Minneapolis to discuss the organization of a national association."

There was early professional feeling that the parents' group should be an arm of AAMD, but Miss Thomson opposed this idea. Instead, officers for the National ARC were elected and work started on an independent organization.

In 1951, the approximately 11 associations in Minnesota organized a state association. There are now more than 90 Minnesota ARC chapters. Most of the significant program changes affecting retarded persons have involved or been led by the ARC movement. These include the development of daytime activity centers, mandatory classes for trainable children, and improvement in state institutions.

THE HISTORY OF SHELTERED WORKSHOPS

Marijo Olson, Facilities Specialist, Division of Vocational Rehabilitation, Minnesota State Department of Education,
St. Paul, Minnesota

The workshop movement as it is known today evolved out of the work of Laura Zemlin. Mrs. Zemlin was the parent of a retarded child, and she developed the program that eventually became Opportunity Workshop. The first program began operating in a five-room house in Richfield in 1953. In 1958, Opportunity Workshop dedicated a building at 6315 Penn Avenue South with Mrs. Zemlin as executive director. United Cerebral Palsy of Minneapolis also began its first subcontract in 1953.

The workshop movement was assisted by the Rehabilitation Act amendments of 1954, which allowed federal vocational rehabilitation funds to be expended for the development of transitional sheltered work programs.

Mankato, Willmar, Fergus Falls, Virginia-Hibbing, Pipestone, Austin, and Rochester rapidly developed sheltered workshops during the late 50's and early 60's. In 1965, the Minnesota legislature passed an act "Relating to Rehabilitation Services for the Severely Disabled Through Long-Term Sheltered Workshops." Among other things, this act authorized governing bodies of any county, village, borough, or town to expend funds for the support of sheltered workshops. The bill passed in the final minutes of the 1965 legislative session, largely through the efforts of Jim Methven. With this bill, long-term sheltered work was legitimized as a service outcome. Today there are about 25 sheltered workshops around the state.

The late 60's and early 70's brought about the

development of work activity as a program that could meet the needs of severely handicapped persons who fell between DAC's and sheltered work. Doris McGregor, of the School for Social Development in Minneapolis, was an early proponent of the work activity center concept. In 1973, the Long-Term Sheltered Workshop Law was amended to include work activity. This relatively recent program is the bridge between the DAC and sheltered workshops in many communities around the state. It appears that the late 70's will bring more sheltered workshop services, not only in DAC's, but in private industry as well.

DAYTIME ACTIVITY CENTERS (DAC's)

Harold Kerner, Executive Director, Merriam
Park Day Activity Center,
St. Paul, Minnesota

The first effort in programming on a community-based level for severely and profoundly disabled persons began in 1961 with the development of the pilot DAC program. The purpose in establishing this legislation was to determine whether it was feasible to set up day programs for these persons, most of whom were on waiting lists of state institutions. The first biennial appropriation was \$36,000 for 3 months serving 35 programs. Expectations for individual programs were minimal. Many thought that if the programs could provide at least some respite from the day-to-day care of the person, they would be performing a significant, worthwhile function. The philosophy was that programs should not be developed on the premise that people should fit into a program, but rather that the program should be developed to meet individual need. The law that created the DAC's and the ensuing rules and regulations speak to this philosophical approach, and that philosophy is still widely observed.

In subsequent sessions, after the Minnesota Department of Public Welfare had determined the appropriateness of community-based day programs, the legislature increased its support steadily. As programs grew in scope, sophistication, and numbers, so did the size of the appropriations. In 1971, the biennial appropriation was increased to \$4.5 million and the legislature enacted a mandatory education bill for trainable mentally retarded persons between the ages of 5 and 21. At that time, approximately 1,000 persons being served in DAC's became the responsibility of local school districts. In 1974, approximately 300 persons of school age were still being served in DAC's at public education expense. As more school-age persons moved into district programs, DAC's began to expand programming to include preschool and adult persons. In January of 1971 the Minnesota Department of Public Welfare began to fund DAC's with Title IV-A monies, which enabled the state to recapture expended money from the federal government.

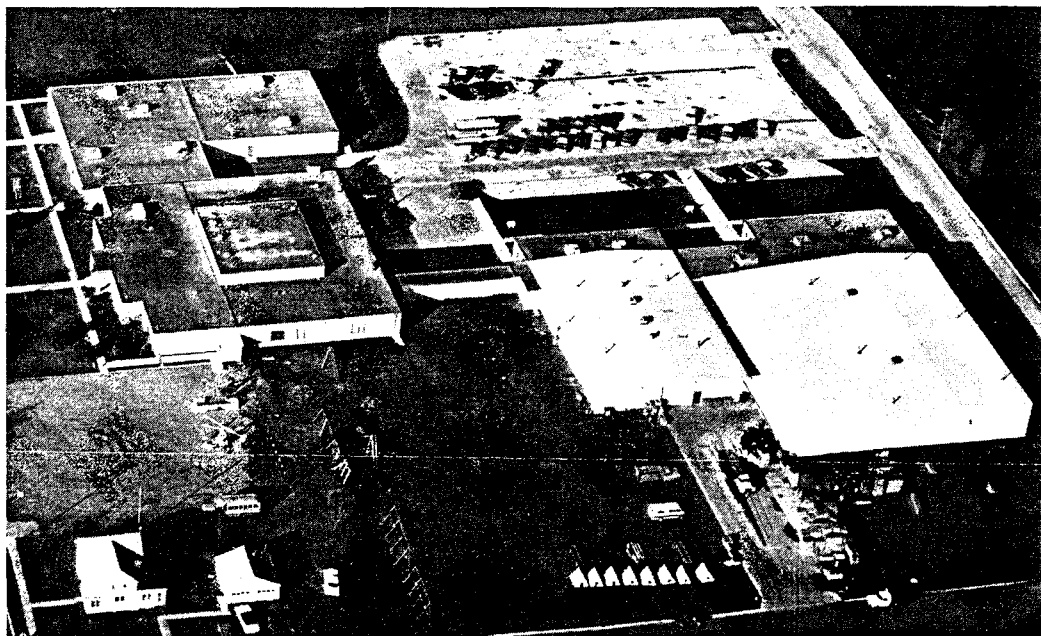
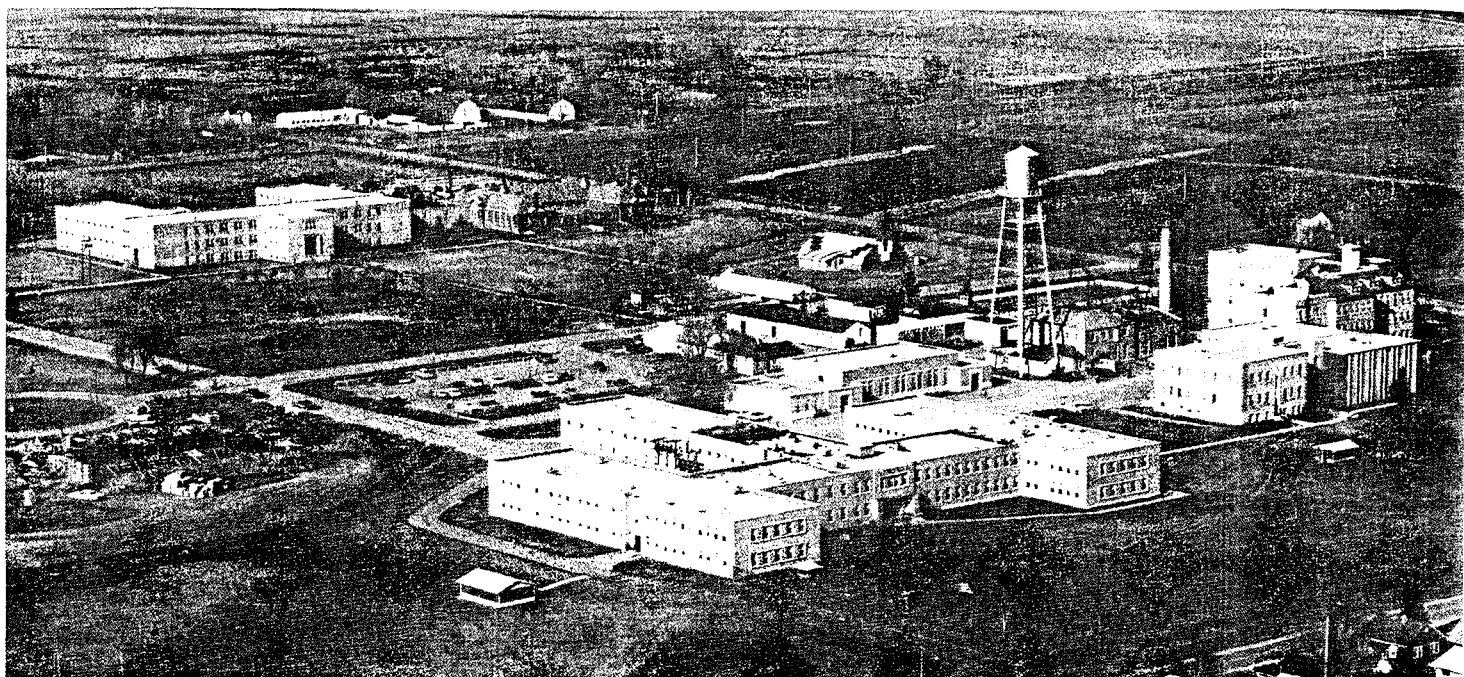
During the 1975 biennium, the program received its largest appropriation, \$14 million. There

Another way of telling the story

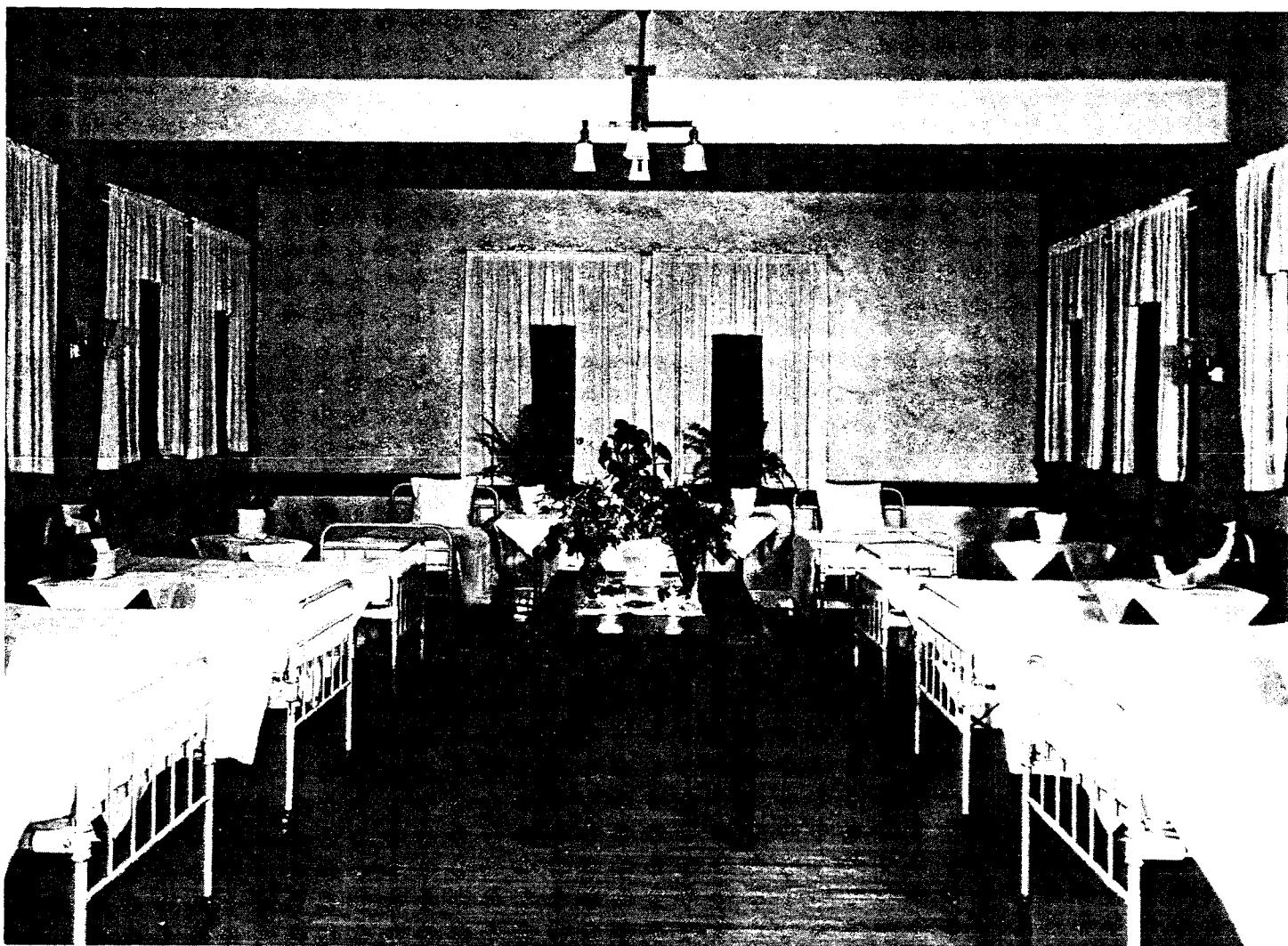
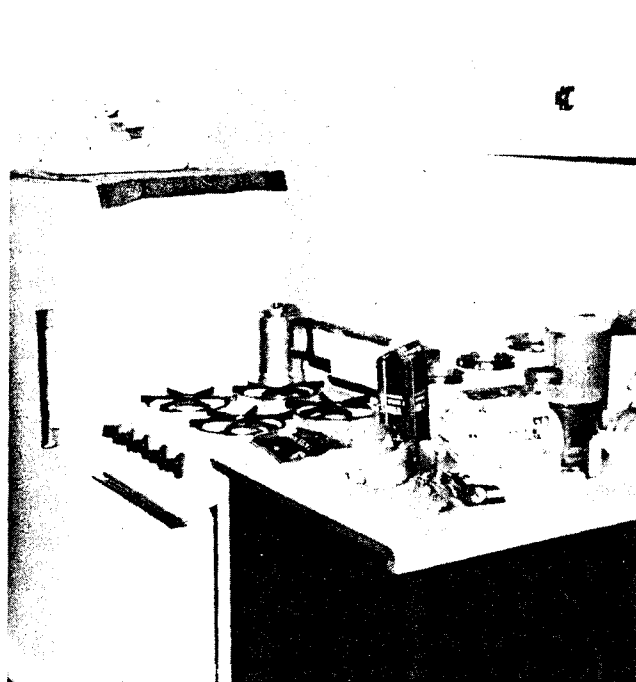


A Summer Activity at Camp Friendship, Annandale, Minnesota

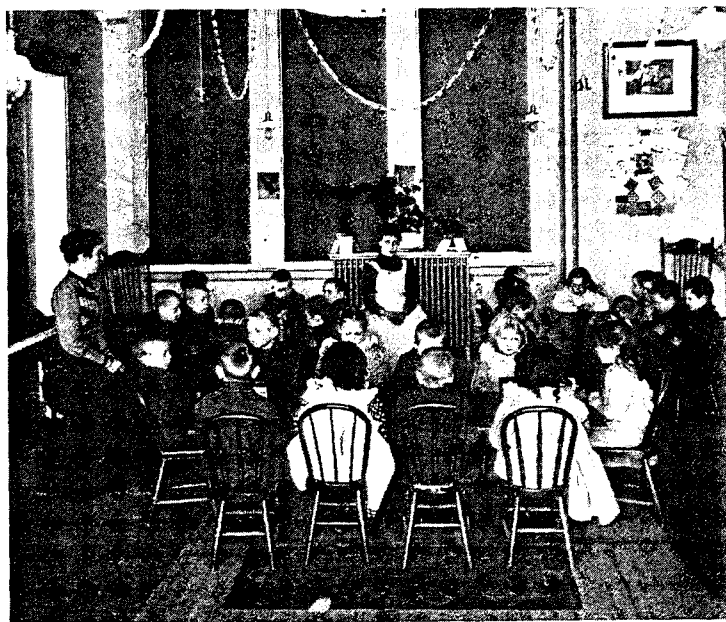
Building provisions



**Topside,
outside,
and inside
views**



Activities of yesteryear

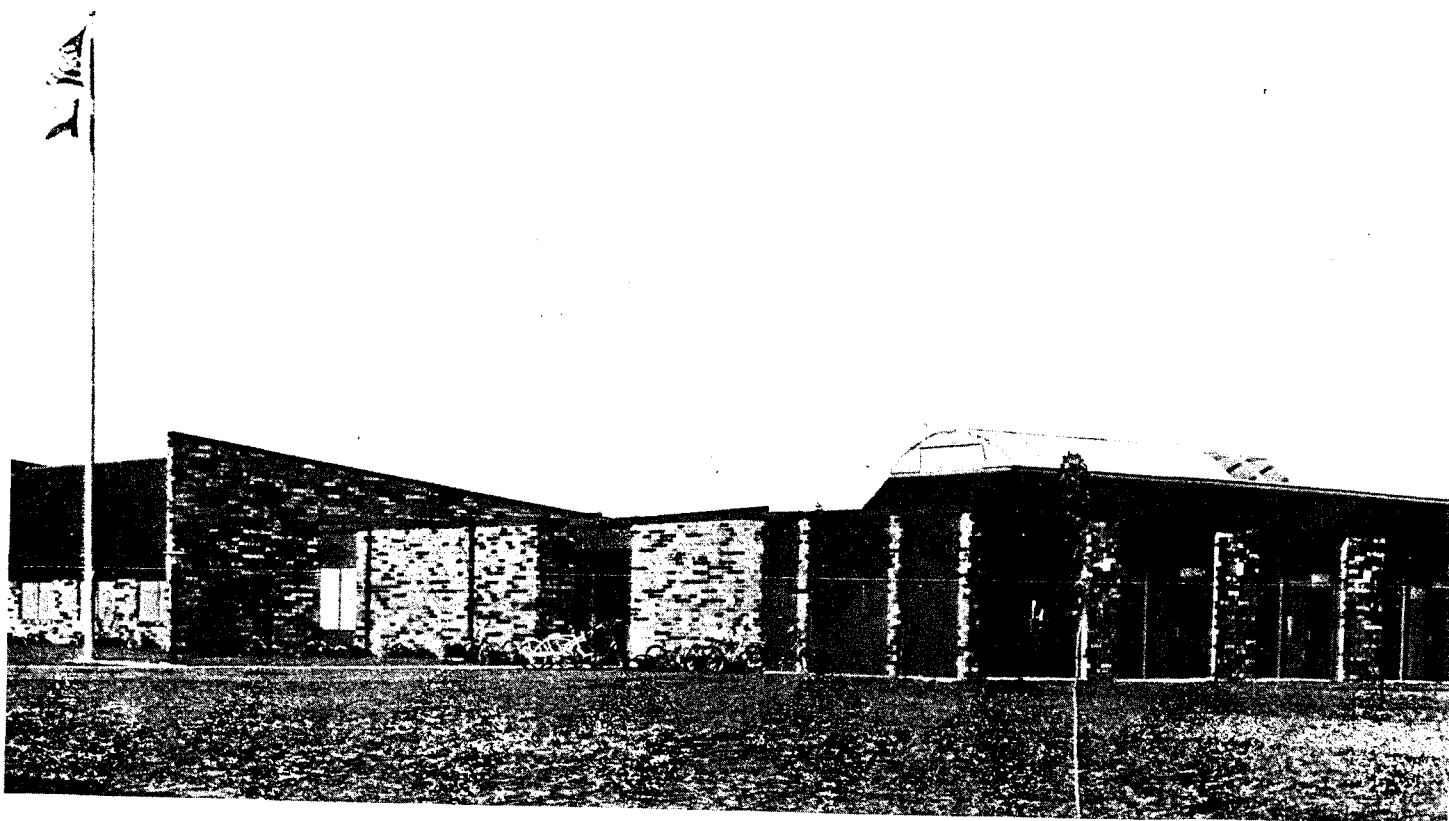




More recent activities

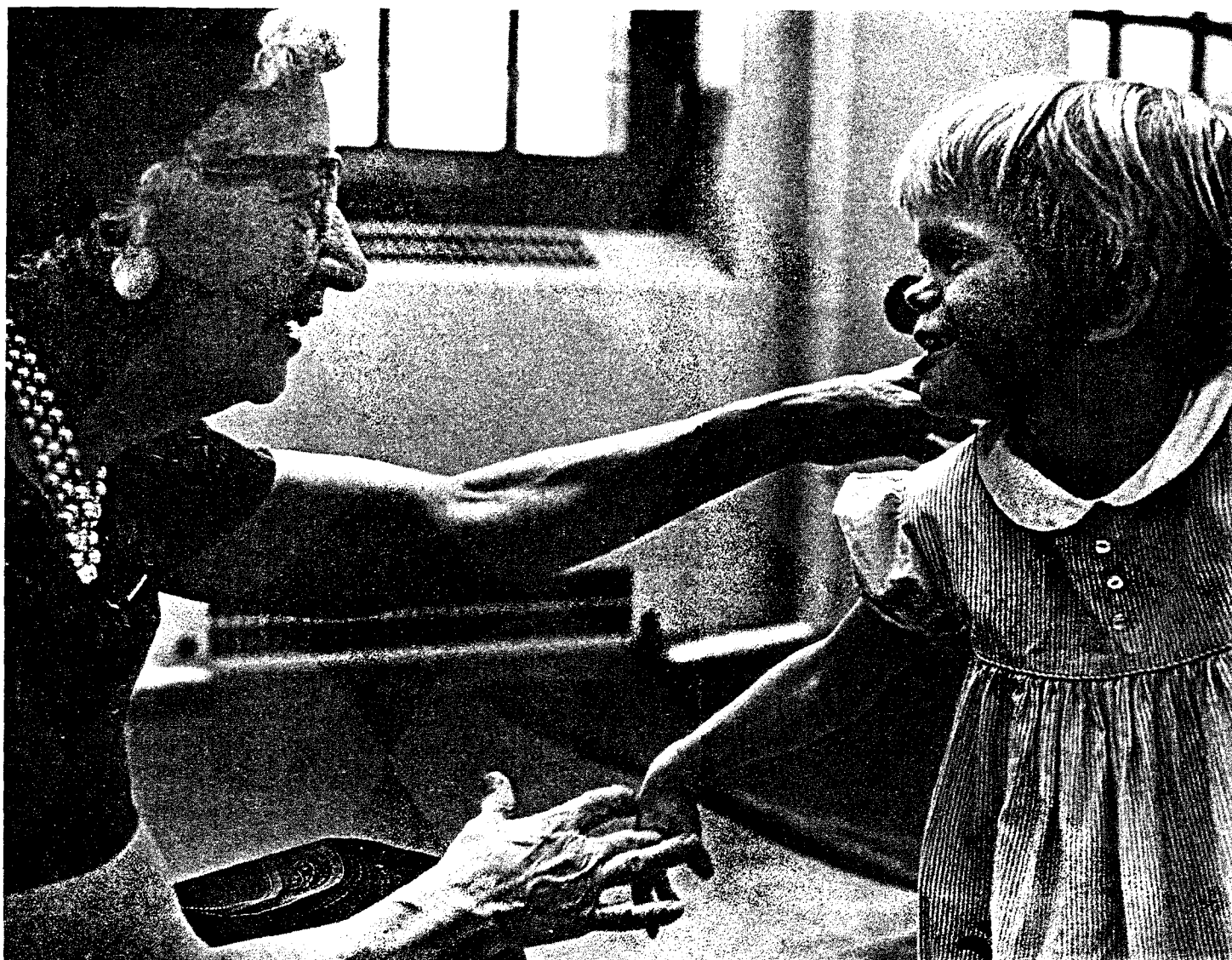
More building provisions





The old, the new, and the not-so-new

Foster grandparent programs



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Hope Haven Area Development Center, Burlington, Iowa
Minnesota Association for Retarded Citizens, Minneapolis, Minnesota
Minnesota State Historical Society
Nebraska Institute for Feeble-minded Youth (now the Beatrice Center), Beatrice, Nebraska
Redfield State Hospital and School, Redfield, South Dakota
Sheltering Arms, Minneapolis, Minnesota
State Historical Society of North Dakota
The Manitoba School, Portage la Prairie, Manitoba

are currently 97 DAC's with 5 more being developed. The total number of persons currently being served is 3,747.

THE ASSOCIATION OF RESIDENCES FOR THE RETARDED
IN MINNESOTA (ARRM)
Evelyn Carlson, Member, Board of Directors, ARRM,
St. Paul, Minnesota

Behind every movement there is a vision. An energetic young man named Sheldon Schneider had such a vision in 1970. At a convention of the Minnesota Association for Retarded Citizens in Bemidji on June 13th of that year, a meeting was held behind the stage of the auditorium of the Bemidji State College. A few interested people listened to Sheldon expound on his vision of forming an organization within the boundaries of which operators of nongovernmental facilities could air views, share information, and attack common problems.

A second meeting was held at Greenbrier in St. Paul on July 23rd, officers were elected, and each contributed \$10 for startup costs. An outline for action was proposed. It included such areas as legislative matters, developing and clarifying standards, public relations, and common problems.

There were 7 board members and 10 facilities in 1970; since then the numbers have grown to 15 board members, 86 facilities, and 49 associate memberships. The Association has addressed many local, state, and federal issues and has sponsored workshops to bring some of these issues to the attention of public agencies. Effective action has been secured through the cooperative efforts of ARRM, the Minnesota Department of Public Welfare, and the Minnesota Association for Retarded Citizens. The goal of providing services for the person who is retarded continues as the focal point of the efforts of the organization.

PLANNED PARENTHOOD OF MINNESOTA
Pam Brown, Training Coordinator of Mentally
Retarded Programs, Planned Parenthood of
Minnesota, St. Paul, Minnesota

In mid-1974 Planned Parenthood of Minnesota initiated a 1-year pilot project in the Twin Cities area to develop and demonstrate a workable model for providing education counseling and medical family planning services for the mentally retarded. A steering committee of professionals from state agencies and various voluntary agencies and representatives from parent groups, day centers, and residential homes helped outline a four-part model that included:

- (1) Parent education: to provide educational opportunities for parents of the mentally retarded.
- (2) Professional staff training: to provide training experiences for profes-

sional workers in the field of mental retardation.

- (3) Mentally retarded client education: to make education programs available to mentally retarded individuals in the metro area.
- (4) Medical services: to provide specially scheduled clinic sessions for the delivery of medical services.

The program was refunded for a second program year. The extension of the program has given Planned Parenthood of Minnesota the opportunity to expand the further develop the same four-part program model beyond the metropolitan area.

During this second program year, 1975-76, 3-day workshops are being held in various regions throughout the state. The basic topic areas covered in these professional staff training workshops include staff attitudes toward sexuality; sexuality and the mentally retarded; understanding and communicating with parents of the mentally retarded; defining, handling, and counseling of sexual problems; the purpose and content of sex education programs; and the curriculum, resource materials, and visual aids used in sex education.

The state universities, the Developmental Disabilities Planning and Advisory Council, and Minnesota ARC in the various state regions are working with Planned Parenthood of Minnesota in coordinating these workshops.

THE MINNESOTA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

Eunice Davis, M.D., M.P.H., Director, Child
Development Section, St. Paul Ramsey
Hospital, St. Paul, Minnesota;
Neil H. Mickenberg, Managing Attorney, Legal
Advocacy for the Developmentally Disabled of
Minnesota, Minneapolis, Minnesota

As a result of federal legislation passed in 1970, Minnesota established the Developmental Disabilities Planning and Advisory Council, which is located in the State Planning Agency. This council has actively studied many areas of concern for developmentally disabled people in Minnesota. One of two projects of interest has been the CARE Project (Community Alternatives and Institutional Reform), which developed much information relative to deinstitutionalization in Minnesota. This project has resulted in published material that has been distributed to various state agencies and legislators. It has provided direction for deinstitutionalization to the Minnesota Department of Public Welfare, which adopted it. The other is the Minnesota Developmental Disabilities Advocacy Project, which provides comprehensive legal services to citizens with mental retardation, autism, epilepsy, and cerebral palsy throughout the state of Minnesota. The program provides

direct representation in courts and administrative hearings; engages in public education and training on legal rights of the handicapped; drafts legislation; develops, monitors, and evaluates systems for legal advocacy; and serves as a back-up center and clearinghouse on legal matters affecting the developmentally disabled in Minnesota.

The Project is funded by the Minnesota Governor's council on developmental disabilities and has a staff of four attorneys and a paralegal aide.

Now in its 3rd year, the Project has trained some 180 parents and professionals to serve as advocates within their local communities. The Project has drafted several pieces of legislation, including a bill that lowers zoning barriers for small group homes for the retarded and physically handicapped and a second bill (The Minnesota Mental Retardation Protection Act) that resulted in sweeping reforms of Minnesota's system of civil commitment and state guardianship by providing (among other things) for conservatorships for those retarded individuals who are able to handle some of their responsibilities but who need supervision in some areas. Both bills were passed by the Minnesota legislature in 1975 and are now in effect.

The Project's litigation efforts have included several major zoning cases and several class actions against the Social Security Administration and the state welfare department. The Project's cases concentrate on such matters as the right to education, the right to treatment, SSI and Social Security appeals, discrimination, guardianship, and due process rights in the receipt of services.

NEW TRENDS IN RESIDENTIAL FACILITY PROGRAMS FOR PEOPLE WHO ARE MENTALLY RETARDED

Jean Searles, Formerly Technical Assistance Project, Mental Retardation Program Division, Minnesota Department of Public Welfare, St. Paul, Minnesota, now Project Coordinator, NEKTON, St. Paul, Minnesota

Since 1970 there have been 4 major changes in trends in the area of privately-owned and operated residential service delivery to persons who are mentally retarded. Newly developing residential programs are becoming smaller in size, more varied in physical structure, more dispersed throughout the community, and more specialized in the services provided to the persons who live in them. In 1970 small residential facilities serving 16 or fewer persons were negligible. By August, 1975, there were 64 such facilities. Existing and developing residential facilities range from one- or two-story single family houses, multi-family houses, larger multi-winged apartment complexes, and completely owned and licensed apartment buildings to singly rented apartments within a general apartment complex. Although past residential

facility development has sometimes been clustered in certain areas of the larger metropolitan cities, the 1975 zoning laws limiting residential facility concentration in communities will increasingly foster dispersion of facilities throughout all regional areas and neighborhoods in the state.

State grant-in-aid funding, Minnesota Housing Finance Agency low interest housing loans, and Housing and Urban Development (HUD) mortgage insurance will assist in financing the development of residential facilities. The availability of Medical Assistance and Cost of Care of Intermediate Care Facilities for the Mentally Retarded (ICF/MR) for operating costs has provided a major stimulus to the development of services. Medical Assistance, which comes from county, state, and federal sources, is paid directly to providers. Families have no responsibility for residential costs. State of Minnesota cost of care legislation pays residential program costs for children and provides that parents are required to pay no more than 10 percent and not exceed \$60 per month for residential care, thus making services available to nearly all of the mentally retarded in the state. Apartment living services are being provided in 5 of the 87 counties, primarily through combinations of Supplemental Security Income, (SSI), Minnesota Supplemental Assistance (MSA), and Purchase of Service (Title XX) funding.

With the shift in Minnesota to small, community-based residential facilities has come the identification of their potential to provide unique programs that specialize in specific treatment, habilitative, or rehabilitative services for mentally retarded persons who have problems in the areas of mental health, aging, chemical dependency, involvement with the criminal justice system, environmental deprivation, physical handicaps, or cultural, ethnic, or sexual development. In addition to these developments, a law was passed in 1975 establishing a demonstration project for a parent subsidy. The subsidy pays up to \$250 per month for program needs to a minimum of 50 families who retain their children at home rather than placing them in a public or private residential facility.

As links and cooperative efforts are further developed among various groups such as the Associations for Retarded Citizens, existing residential service providers, leaders in the minority communities, professionals working generally in various areas mentioned above, and citizens who are themselves retarded, residential programs that reveal a deep sensitivity to the individual's need for a certain kind of life space to foster optimum growth will be developed.

The recent trends in residential facility development draw attention to numerous broader issues that need to be considered. How will staff be trained to combine expertise across traditionally

separate specialities? Is the "grouping" achieved by residential facility development appropriate for all people who are mentally retarded? How do planners, consumers, and developers appropriately combine size, physical structure, community dispersement, and specialized program services to best meet the individual needs of

citizens who are mentally retarded? What funding sources are most appropriate and stable to meet short- and long-term needs?

What is obvious today is that no one style of residential service delivery will meet all needs. The changing yet promising framework of innovation seems to be Minnesota's direction.

THE NEBRASKA STATE PROGRAM FOR MENTAL RETARDATION

Edward L. LaCrosse, Ed.D., Coordinator, Extramural Projects and Resource Development for Communication Disorders in Children, Boys Town Institute, Omaha, Nebraska; Frank Menolascino, M.D., Associate Director, Nebraska Psychiatric Institute, Omaha, Nebraska; Elmer Wyant, Superintendent, Beatrice State Home, Beatrice, Nebraska; Eleanore Enersen, Member, Governor's Committee on Mental Retardation, Lincoln, Nebraska; Fred Bieck, Director, Programs for the Mentally and Emotionally Handicapped, State Department of Education, Lincoln, Nebraska

INTRODUCTION

The historical development of programs for the mentally retarded in the state of Nebraska centered primarily on the State Institution until 1950, when classes for the educable mentally retarded were started. Beyond this, very little happened until the impetus of federal programs was felt in the early 60's. In the mid-60's there was a flurry of activity that resulted in the passage of a number of pieces of legislation in 1969. The past 10 years have seen a great deal of competition and struggle as a consequence of the dramatic changes coming all at once.

The state now has established a range of program alternatives for the mentally retarded. During the next few years we anticipate a continuing trend towards a better definition of responsibility and improved coordination among the service agencies.

INSTITUTIONS

Beatrice State Home was established by the legislature in 1885. The second section of the act establishing the State Home reads as follows: "Besides shelter and protection, the prime object of said institution shall be to provide special means of improvement for that unfortunate portion of the community who were born, or by disease, have become imbecile or feebleminded, and by a wise and well adapted course of instruction reclaim them from their helpless condition, and through the development of their intellectual faculties, fit them as far as possible for usefulness in society. To this end there shall be furnished them such agricultural and mechanical education as they may be capable of receiving." Forty acres of land were purchased and donated to the state as the site for the home by the citizens of Beatrice.

The first building, old Main, was completed in 1887, and its first superintendent was Dr. J.T. Armstrong. The first child was admitted to the institution on May 24, 1887. By the end of that year there were 65 patients. The growth of Beatrice State Home continued until 1967, when there were more than 2,300 enrolled.

In 1961, legal provisions were made for utilizing surplus space in the Lincoln and Norfolk State Hospitals for use by persons committed to Beatrice

State Home. Later, a ward at the State T.B. Hospital at Kearney was also opened for use of the retarded. This program was transferred to the Hastings Regional Center in 1969, where it remains to this day.

The school building was built at Beatrice in 1915. Dr. D.G. Griffiths, the superintendent who followed Dr. Fast, who was superintendent when the school was built, is credited with saying that "Someday all these youngsters will be taught in their own local school system."

The state institution began to change in 1966, when a grant from Vocational Rehabilitation provided for a program to place individuals in the community. During 1967 a group of six children with Down's Syndrome were transferred to the Nebraska Psychiatric Institute as part of a pilot program to determine the efficacy of alternatives of care for young mentally retarded children. After 18 months the program at Nebraska Psychiatric Institute was terminated and the seven children then enrolled were placed in carefully selected foster homes. Beatrice State Home has followed these placements and provided a supportive program until this year, when the supervision of the last child was transferred to the appropriate regional office of mental retardation.

A new population trend was established in 1967. Since then the enrollment at Beatrice State Home has dropped from 2,300 to 1,001 and is continuing to drop. This trend can be attributed to several developments, including the creation of public school programs for the educable and trainable, an accelerated placement program, the establishment of regional programs, and changing attitudes. With the decrease in enrollment has also come a shift toward a higher percentage of severely retarded individuals in the resident population. In fact, although total enrollment has decreased significantly since 1967, enrollment of the severely retarded has increased. Currently the Beatrice State Home is developing a wide spectrum of specialized programs to facilitate the accelerated development of specific behaviors in severely retarded children.

In 1973 a group of parents brought suit against the governor and the Department of Institutions alleging that "The community service programs

are the constitutionally required least restrictive alternative for the habilitation of the mentally retarded in the State of Nebraska." In 1975 the governor signed an agreement which in essence settled the case out of court. This agreement calls for a continued accelerated decrease in the population of the Beatrice State Home.

EDUCATION

The first classes for educable mentally retarded in the public schools in Nebraska were started in 1949. The Experimental School for Trainable Retarded was started at Cozad under the Board of Control in 1959. In 1969 it was placed under the State Department of Education and became the Cozad State School for Trainable Retarded. This 5-day a week residential school serves 39 children 5 to 18 years of age. There are 33 residential and 6 day students (23 boys and 16 girls). In 1975 the legislature expanded the scope of services of the school, which will become a state diagnostic and resource center as well as a regional school for children who do not fit into local school district programs.

Since 1950 the Special Education Section of the State Department of Education has encouraged a number of major improvements for the education of the mentally retarded. A series of revisions to the public school laws have been made to allow for more adequate services for the mentally retarded. The following table shows a comparison between the 1962-63 school year enrollment for the educable and trainable with the 1974-75 enrollment.

A comparison of the public school enrollment in programs for the mentally retarded in 1962-63 and 1974-75

Year	Educable Mentally Handicapped	Trainable Mentally Handicapped
1962-63	1,127	35
1974-75	7,000	1,143

This table shows that enrollment increased considerably during the period covered. Comparing special class enrollments in Nebraska with those of other states, however, indicates that Nebraska is still lagging despite the fact that the educable mentally handicapped classification includes a larger proportion of the school population than is included in special classes for the mentally retarded in other states.

The 1965 legislature established Educational Service Units to provide programs that individual school districts would be unable to provide alone. There are presently 19 of these units in the state. Each service unit provides different services according to the needs of the area. All but one are providing some degree of services for the

retarded and all services are provided through the Public School.

In 1973 the legislature passed P.L. 403, which recodifies the Special Education Laws of the state and requires that the local education agency provide appropriate education for all children in its district. The state is required to provide 90% reimbursement for the excess cost. As a result, new programs are beginning to develop for severely retarded children, who previously have been denied school admission.

STATE OFFICE AND REGIONAL PROGRAMS

The most significant development in services to Nebraska's mentally retarded during the 60's was the planning, publication, interpretation to the public, and legislative implementation of the Nebraska Governor's Citizens' Study Committee on Mental Retardation Report in three volumes (1968). Through the active and extensive dissemination of the findings and recommendations of this report, the state government and many county governments have initiated efforts to develop comprehensive community services for those suffering mental retardation and related disorders. The enactment of 14 new laws by the 1969 session of the Nebraska legislature was a landmark, establishing in law the philosophy and intent of the recommendations published by the Governor's Citizens' Study Committee. Key among the bills enacted in 1969 was L.B. 855, which transferred the Office of Mental Retardation to the Department of Public Institutions and provided funds for regional programs.

Services that have been developed pursuant to the community services plan fall into two basic categories: (1) community residential living units (hostels) for small-group, home-like, residential care of retarded children and adults and (2) day services for retarded adults, such as adult vocational services centers, work activity centers, and adult activity centers. Such programs serve those preparing to enter the nonsheltered work force of our communities, as well as those who need long-term, sheltered employment and those who need basic occupational and recreational activities for personal stimulation and growth.

Under the rapidly developing community services system, coordinated through the Office of Mental Retardation, many programs that were initiated as pilot projects of local associations for retarded children or other public entities have found a permanent home and long-term, stable funding. This stability has been possible because of their inclusion within the community services system, and because of the upgrading of programmatic quality and in-service staff training, and because they are part of a consistent, statewide system of community services.

Today, six regional offices in Nebraska coordi-

nate community services for mentally retarded citizens across the state. The Eastern Nebraska Community Office of Retardation is the oldest of the regional programs and has developed most of the service components necessary in a comprehensive system. The services are designed to meet individual needs and include educational, vocational, employment, residential, and family support services. During 1975, 2,400 individuals received services from the six regional offices.

PUBLIC AWARENESS

Governor's Advisory Committees

The extensive development of general public awareness regarding the problems of mental retardation, its causes, and promising solutions has been the result of intensive effort by many groups and individuals, including the Governor's Citizens' Committee on Mental Retardation, state legislators, county supervisors and commissioners, the mayors of our cities, and the Nebraska Association for Retarded Children and its affiliated local units.

The Governor's Interagency Committee on Mental Retardation was organized in May 1961. This committee was divided into the Governor's Interagency Committee and the Governor's Citizens' Committee in 1966. These two committees have played a key role in planning for the mentally retarded in Nebraska. In doing this job, the committee has had contact with a wide variety of individuals, state agencies, local organizations, elected officials, and, most importantly, governors of other states. The committees have given voice to consumer demand for the improvement of services to retarded persons.

Much of the public awareness developed during the late 60's was due to the special efforts of a related group, the Governor's Citizens' Study Committee on Mental Retardation. The charge of this study committee was to develop an explicit, viable, and innovative plan for solving Nebraska's mental retardation problem. The committee studied the problem of the Beatrice State Home and the services and programs of the facilities across the state (even though they were few in number), held public hearings under gubernatorial sponsorship, and developed an action-oriented, three-volume report. Through intensive support by the public media throughout the state, tremendous public awareness was generated in regard to the findings and recommendations of that report.

Associations for the Retarded

Much of the credit for the success of programs must be granted to the associations for retarded children, which have for several years been active in Nebraska. Originally organized by parents of retarded individuals, three of these local associations (in Omaha, Lincoln, and Norfolk) joined in 1955 to establish the Nebraska State Association for Retarded Children. Until then, the concern of

local associations had been centered primarily on the trainable mentally retarded through such programs as opportunity center classes. When the state association was formed, membership broadened to include parents of the mildly retarded, interested nonparents, and professionals. Not only were they able to extend their programs on a statewide basis, but they also expanded their concerns to include a wider range of mental retardation problems. In 1966, the Nebraska Association for Retarded Children (now called the Nebraska Association for Retarded Citizens) opened a state office staffed by an executive and a secretary.

Local and state associations for retarded citizens have undertaken various tasks to fulfill their goal of helping the retarded. Among the roles they have filled are:

- Becoming involved in the legislative process by speaking for the retarded and their families.

- Providing better services by participating in the planning process and by offering grassroots knowledge and objective but involved concern.

- Assisting in the obtaining of services by acting as representatives of the consumer in dealing with the service agencies.

- Assisting with institutional planning by studying the state's institutions, offering recommendations for improvements, and recognizing accomplishments.

- Pointing out specific problems and recommending solutions.

- Stimulating community action and public support, which are essential to the success of community-based programs.

- Developing strengths by extending the organization to new associations, particularly in sparsely populated areas where services are few and difficult to obtain.

- Implementing state plans by supporting locally oriented programs when they are established.

The Nebraska Youth Organized and United to Help Association for Retarded Children (YOUTH ARC) provides many valuable services. Several members have become interested in pursuing careers in the helping professions. The principal function of the YOUTH ARC can be seen in recreational activities. Many members provide experienced babysitting, giving parents of the retarded the opportunity for time of their own. The association has also organized the citizen advocacy program for residents at the Beatrice State Home, an invaluable contribution of time and effort.

COLLEGE AND UNIVERSITY PROGRAMS

Clinical Services

Meyer Children's Rehabilitation Institute. The Mental Retardation Evaluation and Counseling Clinic at the University of Nebraska Medical Center began with the establishment of a mental re-

dation pilot screening project at the Nebraska Psychiatric Institute in 1958. In 1966, the program was expanded further and the name was changed to the Handicapped Children's Clinic.

This program has been continued in the C. Louis Meyer Children's Rehabilitation Institute, which was established in 1968 by the Board of Regents of the University of Nebraska.

Client services provided at the Institute include diagnosis, assessment, and selective therapeutic services for children with physical, sensory, and neuro-developmental handicaps.

The Educational Psychological Clinic. The Educational Psychological Clinic in the Department of Educational Psychology and Measurement at the University of Nebraska, Lincoln Campus, serves the two functions of training qualified students and conducting clinical studies. This clinic has served as a major screening agency in the study of mentally retarded children.

Research and Prevention

The Mental Retardation Clinical Research Center at the University of Nebraska Medical Center was established in 1961. The aims of the center are "to provide a facility which will catalyze the interests and activities of various disciplines and permit clinical research directed toward determination of the causes, clarification of diagnosis, and development of more useful techniques and procedures for the prevention and treatment of mental retardation."

A Pediatric Neurology Laboratory was established in 1962, a Human Genetics Laboratory in 1963, a Neuro-Pathological Laboratory and a Developmental-Animal Electro-Physiology Laboratory in 1965, a Neuro-Pharmacology Laboratory in 1967, and a Bio-Chemical Genetics Laboratory in 1968. The Animal Electro-Physiology Laboratory was relocated in larger quarters in 1968 and renamed the Laboratory of Developmental Psycho-Biology.

A number of significant studies have come from these programs during the past 15 years, including research programs in the fields of biochemistry, developmental electrophysiology, human genetics, pediatric neurology, psychology, psy-

chiatry, pediatrics, communicative disorders, and sociology. A number of other research and training grants related to the functions of the center have been held by members of the center staff during this period. They have served as clinical practicum sites and as centers for the recruitment of outstanding personnel to the state. More than 200 publications have been produced by members of this project.

Several specific training programs have been initiated: a program to train personnel in the communicative disorders, which was directed by Dr. John Wiley from 1962 to 1965; a Mental Retardation Research Training Program directed by Dr. Robert Ellingson; and a summer work training program that has been conducted each summer since 1966.

Training of Teachers

In 1968, the Municipal University of Omaha became a part of the University of Nebraska system. Since then, the Department of Special Education has been strengthened and expanded at both the undergraduate and graduate levels in the area of preparing teachers of the mentally retarded. The program is now being expanded to include the training of teachers of the severely retarded.

The number of students training to be teachers of the mentally retarded has also increased in the Department of Educational Psychology and Measurement at Lincoln. Programs for the pre-training of school psychologists and supervisory personnel for special education programs are also being expanded.

At the present time, individuals who want professional preparation in the field of education of the mentally retarded can receive it at a number of colleges and universities across the state. Training for teachers of the educable mentally handicapped is available at Chadron State College, Creighton University, Kearney State College, Nebraska Wesleyan University, the University of Nebraska at Lincoln, and the University of Nebraska at Omaha. Training for teachers of the trainable mentally retarded is available at Kearney State College, Peru State College, the University of Nebraska at Lincoln, and the University of Nebraska at Omaha.

NORTH DAKOTA: 87 YEARS OF POSITIVE PROGRESS

Everett M. Werness, Executive Director, Camp Virginia Jaycee, Blue Ridge, Virginia

North Dakota is a state with more than 70,000 square miles of grazing and farming land populated by a little more than 600,000 citizens. Dispersing this population, which is only half the size of Greater St. Paul-Minneapolis, Minnesota, over such an area creates many challenges for the education and habilitation of its mentally retarded population. North Dakota is the most rural of the 50 states. As of 1975, there were only 12 communities that had more than 2,500 population and only approximately 30% of its population was urban. Although the wide open spaces of North Dakota are one of its assets, services must always be planned with distances, roads, weather, and the wholesome rural North Dakotan's spirit of independence in mind.

EARLY DEVELOPMENT

North Dakota has long been known as a state much concerned with the education of its citizens. From the beginning, special education needs were known to the legislature and were provided for in some part by the state government. The constitution of North Dakota created a School for the Blind and a School for the Deaf. In 1893 the superintendent of the State Hospital of Jamestown called attention to the fact that there were 125 feeble-minded children in the state of teachable age. From this report, Senator J.L. Cashel conceived the idea of locating an Institution for Feeble-minded at Grafton. Due to various oversights, the amendment was not passed until 1901, when a bill was also passed creating a board of trustees and authorizing the erection of a building. The main building, which was the only building at the institution until 1907, was finished in the autumn of 1903.

The assistant superintendent of the Jamestown State Hospital was appointed superintendent at Grafton and took office in December 1903. On May 2, 1904 the institution was officially opened and the first residents were admitted. The superintendent's report for the period ending June 30, 1904 states: "We now have 81 here. In the future the present capacity of this institution will be taxed to its utmost, and another building will be required." The development of this institution for the feeble-minded at Grafton was the first manifestation of concern for the mentally retarded residents of the state.

Dr. Baldwin, superintendent of the institution in 1904, stated his philosophy for the care and training of the feeble-minded in his report dated November 1, 1904: "The establishment of institutions for the care and training of the feeble-minded has long since ceased to be a matter of experiment and I will not enter into the history

of their development further than to call your attention to the fact that the number of institutions of this character is increasing steadily and that those already established are growing rapidly. This condition results from a realization on the part of the public of the beneficial effects to society in general as well as to each individual cared for. While in a majority of cases the actual mental improvement may not be great, the habits, demeanor, and comfort of all are improved and the higher grades of defectives are developed along practical lines making them self supporting under the direction and influence of the institution. It is known that a very large percentage of cases, variously estimated from fifty to seventy per cent, are from congenital origin, and that of all classes of defectives the feeble-minded are most sure to transmit their defects. For this reason it is advisable that they be placed in institutions of this character for life. A relationship exists between the forms of degeneracy, namely, the criminal, the inebriate, the prostitute, and the feeble-minded, and the energies of charitable and sociologic organizations are now directed towards combating the causes of degeneracy thereby to protect posterity."

Comments by other superintendents of the Institution for the Feeble-minded give us a further indication of the philosophy of the times: "They have found the hereditary element very markedly in evidence. In fact from two-thirds to eighty per cent of feeble-mindedness is due to heredity. It has been found that two mentally defective parents always produce mentally defective children. And probably no mentally defective child is born except of parents, who, if not defective themselves, yet carry mental defect in their germ plasm. If two such persons marry, the expectancy is that the sibling, if any, have a tendency to be mentally defective. Again, it has been found that feeble-minded parents contribute twice as many children to the population of the community, as normal parents. From one-third to twenty per cent of our cases are not due to hereditary causes, and are often spoken of as accidental. Here one finds congenital defects, such as hydrocephalus, microcephalus, defect of brain substance; defects of mental deprivation, such as blindness, deafness and mutism; injuries as fractures of the skull and cerebral hemorrhages; diseases of infancy as the acute infectious diseases, measles, scarlet fever, meningitis, syphilis, epilepsy, etc. and malnutrition and thyroid insufficiency."

Even though the philosophy of the institution, as shown from the above statements, may seem harsh in the light of this new era, the Institution for Feeble-minded at Grafton did believe in training

its "inmates." Again, from the 1904 report, we find Dr. Baldwin stating: "The educational aim in the case of the feeble-minded child, is to so train and develop him that his life in the institution may be useful and that the greater amount of happiness and comfort may be realized by him." We also find a call for individualized attention in another statement from the same report: "The training, therefore, is of the most practical nature and is largely individual being adapted to the possibilities of each case."

In 1914 we find: "The subjects taught were kindergarten, elementary reading, writing and number work, sloyd, hammock making, reed and raffia basketry, sewing, needle work, torchon lace, weaving and physical training. Brush making will soon be added. The methods of teaching are largely individualistic, and the amount of literary work varies, depending upon those we have in school. Training must begin at the child's level, consequently the whole institution is a training school. Those who are not able to benefit by the school work proper, are taught to care for themselves - drilled in their personal habits, then when they learn this, to care for other less fortunate comrades. All are given the benefit of the literary training as far as they are able to go. Useful employment under direction is being extended and provision is being made for more industrial work."

In 1944 the school principal, Etta E. Hylden, stated: "It is still my firm belief that happiness in an institution comes first. This cannot be fully acquired without following some definite program developing mental growth, where possible. This then brings us to our educational aim which is so to train a child according to his aptitudes and abilities so that he may become helpful to himself and useful to others; in other words, a law-abiding citizen. I believe that the majority of people think that we have only custodial patients here - those who need only physical care and who have never been able to learn anything or even take care of their simplest needs. Indeed, we do have them here, and many older people who can help themselves to some degree. We have others who have had school training more or less, and are detailed to the wards, kitchens, bakery, carpenter shop, garden, farm, laundry, etc. But, what of the 225 to 250 patients who are teachable? They won't all reach the top, nor will they all be paroled. But most of those remaining will have had enough training to make them useful and contented here. With the younger children, we begin with a half hour Sense-Training and then an hour Pre-Kindergarten period before entering regular Kindergarten work. It's a sorry experience for a feeble-minded child to try to cope with normal children in a public school. He is carried from one room to another as years progress, merely to relieve the teacher who hasn't time to help the slow child. This really hinders the child's progress. An early commitment here would save the child a great deal

of confusion and embarrassment, and he would progress according to his ability to learn. We try to carry the children through the sixth grade, before they are paroled or detailed to work at the Institution. A few custodial cases are doing seventh, eight and ninth grade subjects. Some of our classrooms are still overloaded. At this critical time when some of the rural schools are closing, we are being criticized for trying to continue along our regular line and hoping for greater expansion. There is very little personal glory in this type of work. A teacher who devotes her patience and energy, finding this work very interesting and absorbing, receives very little praise or credit for her accomplishments, except from her immediate supervisor or co-workers. In place of encouragement, we often hear detrimental remarks such as this: Since the pupils are slow in learning, teachers don't need to know much at the State School. What a strange conclusion to come to. Very often it is the class disturber, the unmanageable child that is sent to us. The mentally deficient child is a citizen and has a right to such training as is suited to his limited capacities, and such care and protection as shall save him from those physical and moral dangers to which his imperfect intellectual powers make him liable. One thing to remember is, that as each state opened its doors to feeble-minded children, it had a school department ready almost immediately for the education of the teachable child. This September 1st marks the fortieth anniversary of the opening of our school department just eight months after the opening of the institution. We endeavor to give a child a well-rounded program of work, study and social adjustment here so that if his mental capacity, acquisition of clean, steady work habits and ability to take orders warrant his return to society, he will be able to do so. If not, workers are always in demand here, for there is much to do."

At the present time, the Grafton State School's Education Department adheres as closely as possible to the public school programs provided for the mentally retarded in North Dakota.

SPECIAL CLASSES

Pressures were building for special classes in North Dakota by the early 1920's. Compulsory attendance laws had been reasonably effective since 1916 and intelligence testing and the sorting of children according to ability were beginning to be practiced. The Children's Code Commission had recommended the introduction of special classes, and there was a statewide enumeration of the number of "feeble-minded" of school age present in society. This enumeration was first presented in 1922 in the 17th biannual report of the superintendent of public instruction. It revealed that 198 feeble-minded were present in the various counties of North Dakota. This figure seems very low, even allowing for the fact that many of the feeble-minded were residents of the

State School. There is no explanation in the report as to how these feeble-minded were discovered or what criteria were used to distinguish the group. It is quite possible that parents were reluctant to declare whether their child was feeble-minded, and thus many children who might have been declared feeble-minded as a result of the test would have been left unregistered. In any case, of the total of 125 deaf and dumb, 21 blind, and 198 feeble-minded, 140 of these handicapped were present in school.

After 1920 no statements of any consequence by either the state superintendent of public instruction or the county superintendent can be found in the annual reports, so it is difficult to come up with any information on special classes for the feeble-minded. The report of the Children's Code Commission of 1922 does, however, indicate the beginning of separate classrooms for slow learners: "In only three cities of the state was an ungraded room provided in the public school system for children seriously behind in their grades, but there has been no appropriation for this class of work." No indication was given as to which three cities the statement referred to.

In a thesis by Fred Drew, associate professor in the Department of Education at the University of Manitoba, Canada, entitled A Comparative Survey of the Provisions of Public Education for Slow Learning and Mentally Handicapped Children in North Dakota and Manitoba from the 1900's to 1940, we find that letters to officials and retired teachers in Bismark, Fargo, and Jamestown yielded the following information concerning the development of special classes for the retarded in North Dakota. Robert P. Miller, superintendent of Bismark public schools stated: "Our records show that the first opportunity room was set up in the 1926-1927 school year, with another class added in 1930." Mr. Miller added that the children in these rooms ranged from ages 7 to 14, with the main emphasis in teaching on remedial reading, math, and crafts. James Strickland, director of special services for Fargo Public Schools, reviewed the development of special classes in Fargo. "The School Board voted to establish special classes on each side of town on May 6, 1926. Subsequently, one classroom was opened in September of 1926 with two more following in September, 1927."

Dr. William Gussner, a former superintendent of the schools in Jamestown, indicated in his letter that the Jamestown School Board discussed the needs of mentally handicapped children in 1925-1926 and established the first special classroom 1 year later. It continued until the time of the Depression, when lack of funds caused it to be closed. Mr. Gussner states: "It was known as a special room. The purpose was to help students who were being retained from two to four years in the same grade. The room also provided a more sympathetic atmosphere for pupils with learning

difficulties." Researcher Drew also states: "It appears that these special classrooms contained a variety of children, and possibly a variety of age levels. The teachers must have designed their own curriculum, for the program of studies released by State Superintendent Minnie Neilsen, in 1921 contained no provisions for slow learning children."

The Depression seriously threatened the continuation of good education in the state of North Dakota. By 1933 school districts in 40 North Dakota counties had a combined deficit of over \$1,300,000. As a result, some districts either cut their school year or closed school entirely, leaving many children without an opportunity to receive an education. Slow learners and mentally handicapped children were among those who did not have an opportunity to receive an education. In Fargo, the three special education classes opened in the 1920's dissolved in 1929. In Bismark the situation was somewhat better, as the opportunity room established in the 1926-1927 school year was continued and another was added in 1933. The special classes established in Jamestown in 1927 and 1928 were also abandoned, but a special class was again organized in 1937 as funds became available. Due to public pressure, primarily from parents, the name of the class was changed from one designated for mentally handicapped children to an "ungraded room."

Janet M. Smaltz, past director of special education, in an article titled "The History of Development of Special Education in North Dakota," states: "The first bill for Special Education to provide a statewide census of handicapped persons, was discussed by the North Dakota Society for Crippled Children and Adults Counseling Committee, and later introduced into the 1949 Legislative Session." The bill did not pass and the Counseling Committee immediately set up another committee to study special education for North Dakota. Because of their deliberation, House Bill 540 was introduced in the 1951 legislature. This bill was supported by many individuals and groups and passed with an appropriation of \$50,000 for the 1951-1953 biennium.

Dr. Harrie Selznick, an experienced teacher of exceptional children trained in the administration of special education programs, was hired to head the new division. Dr. Selznick continued in this position from September 1951 until September 1955 and was succeeded by Janet Smaltz in January 1956. Under Dr. Selznick's leadership there was increasing cooperation from public health nurses, welfare workers, school administrations, and the education departments of the state's institutions of higher learning.

The first teacher preparation course in special education was provided in 1953 at Minot State Teacher's College, when instructor Linnea Anderson was added to the staff to conduct a demon-

stration class for educable mentally handicapped children. Even though the program was successful, not enough local schools were adding special classes to reassure students that there would be employment in this area when they finished their preparation. The University of North Dakota College of Education offered a workshop in special education in 1958. This was followed by two summer sessions of specialized work in the education of mentally retarded children during which several courses were offered. In 1962, Linnea Anderson was added to the University staff as assistant professor of education to develop special education courses during the regular academic year. Since 1962, programs in the training of teachers for the mentally retarded have continued to grow in numbers, and the curriculum has been strengthened in all the state institutions of higher learning.

Since the advent of the first Special Education Bill in 1956, classes for the educable mentally handicapped have continued to grow, with a greater number of students being served each year. During the period 1952-61 the number of educable mentally handicapped students served, as shown by statistics compiled by the Special Education Department in 1975, increased from 0 to 400. During this same period, however, the graphs indicate that no trainable mentally retarded were served through the State Special Education Department.

In 1961, the 1951 law was amended, making it possible to have county special education boards and allowing the electorate to approve a countywide three-mill levy for special education. During the period 1961-71 the number of educable mentally retarded students served rose from 400 to a little more than 1,200. During that same time, classes for the trainable mentally handicapped were initiated; graphs from the same study show an increase from 0 in 1966 to 80 students served in 1971.

In 1971, the legislature mandated a county special education board for each county. The three-mill levy for special education remained optional. After passage of this bill, the number of educable students served rose from 1,200 in 1971 to 1,500 in 1975, and the number of trainable students served rose from 80 in 1971 to 200 in 1975 (these figures do not include any students served at Grafton State School).

In January of 1972, discussion began on the development of a special education steering committee. The general goal of this committee was to determine what would be necessary in the form of legislation, financial requirements, personnel, identification procedures and instruments, program needs, and methodologies to appropriately serve the educational needs of all the handicapped students in North Dakota by 1980. This committee, which met for the first time in February of 1972, was made up of educators, both in the

field and those concerned with teacher preparation, legislators, vocational rehabilitation representatives, social services representatives, and parents.

In 1973, the legislature passed what is considered to be landmark legislation as far as special education services to the retarded are concerned. This law is a mandatory special education law requiring school districts to file a special education plan by July 1, 1975, and to implement the plan by September 1, 1980. This plan provides special education for all of the state's handicapped citizens.

OTHER FACTORS AFFECTING THE MENTALLY RETARDED

The early history of mental retardation in North Dakota, as well as in other states, contains statements of concern about the "control of feeble-mindedness." In the Grafton State School superintendent's report of 1912 we find the following: "By means of investigation that has been carried on during the past few years, the causes of feeble-mindedness are becoming more clearly determined. "Feeble-mindedness" has been defined in terms of the Mendelian Theory as a dominant recessive. Two mentally defective parents always produce mentally defective children. The second law is probably that no mental defective child is born except of parents, who, if not defective themselves, yet carry mental defect in their germ plasm. If two such persons marry, the expectation is that one-fourth of their children will be mentally defective. Again, it has been found that feeble-minded parents contribute twice as many children to the population of the community as normal parents. It has been advised that the marriage of the mentally defective should be prohibited. A bill to this end was introduced into the last legislature, but usually they have been so emasculated that their enforcement was not mandatory, and public opinion has not demanded their enforcement. An educated public opinion is necessary to make this method efficient, but even as it is, these laws have, no doubt, prevented the marriage of some defectives and consequently are of value. Sterilization of the mentally defective by surgical means has been much discussed of late, and eight states have placed laws legalizing such a procedure under Statute Books. The most available and the method productive of the largest results, is that of segregation or the placing of the mentally defective in institutions for life, or during their reproductive period. To this end, the entrance into the institution should be as easy as possible, and the discharge restricted."

It is easy to see from such statements why parents of mentally retarded citizens were ashamed to admit to having such children. It is also easy to see why the institution grew as fast as it did.

In 1950 Dr. Lamont, superintendent, stated:

"North Dakota stands second in the nation in eugenic sterilization of hereditary defectives and criminals. This rating is based on the number of sterilizations per 100,000 population. No special emphasis has been placed on this procedure at the State School other than the necessity for complying with the law passed in 1913 and later amended in 1929." During the 40's, 50's, and early 60's, any resident of the Grafton State School going on "parole", had to be sterilized. Between 1965 and 1967, the Century Code of North Dakota contained no sterilization law. The present law, enacted in 1967, contains many safeguards for the individual.

Other medical advances in North Dakota followed national trends and included immunization for rubella and a law, enacted in 1967, for the testing and treatment of phenylketonuria. This law contains sections that require the State Department of Health to carry out educational programs among physicians, hospital staffs, public health nurses, and citizens of the state concerning this disease. Other sections also provide for statewide screening, diagnostic and treatment control tests, treatment after positive diagnosis, and mandatory requirements for newborn testing for PKU.

LOOKING INTO THE FUTURE

Since the mid-60's deinstitutionalization has been the goal of the Grafton State School. With

the increased awareness of the need for community programs and the subsequent development of these programs, it is evident that they will soon reach their goal.

At present, approximately 60% of the handicapped citizens in North Dakota are receiving special education services through public school districts or county special education programs. Vocational workshops for the retarded have been established in Minot, Grand Forks, and Fargo, with more in the planning stage. The North Dakota ARC is vigorously pursuing its role as advocate for the retarded. Civic and fraternal organizations such as the Jaycees and American Legion are starting to champion the rights of the retarded. The legislature and political leaders of the state are now attuned to the need for more programming. The State Department of Public Instruction is continuing to upgrade standards for programming, and institutions of higher learning are continually developing programs for the training of teachers for the mentally retarded.

Perhaps the most important factor in the future growth of programs for the retarded is the people of North Dakota themselves. The populace is responding very favorably to requests for more money and is in fact beginning to lead the rising ground swell of support for educating all of North Dakota's handicapped citizens.

THE SOUTH DAKOTA STORY

LeRoy Larson, Ph.D., Director, Special Education, Augustana College, Sioux Falls, South Dakota; Pat Fallbeck, Instructor, Special Education, Black Hills State College, Spearfish, South Dakota

South Dakota joined the union in the year 1890. Four years later, in 1893, the state legislature, meeting in the state capitol at Pierre, considered the establishment of an institution to house what were then called the insane. Appropriations were made that year by the state legislature for the establishment of what was to be called the Northern Hospital for the Insane. The intention was also to house the feeble-minded in the same institution. Six years later, in 1899, Chapter 117 of the Sessions Laws changed the purpose of the institution to care for only the training of the feeble-minded. Construction began and in 1902 Northern Hospital for the Insane opened only for the care and training of the feeble-minded. Eleven years later it was decided that Northern Hospital for the Insane should be logically renamed the South Dakota State School and Home for the Feeble-minded.

In 1921 the legislature, again meeting in the state capitol, established a Commission for the Segregation and Control of the Feeble-minded. This particular piece of legislation was passed to determine the number of retarded citizens in the state. Four years later, a survey was begun throughout the state and by 1930, some 5,414 individuals had been identified as "mentally defective." That same year the first public school classroom for the mentally handicapped was initiated in the city of Mitchell.

Very little was accomplished legislatively by the state for a good number of years, and things remained about the same as far as the development of any programs was concerned. There were some additions to the Northern Hospital and more retarded patients were admitted, but little else of any consequence can be noted for several years.

In 1946, however, the first private class for the mentally retarded was established with the development of Hollister School in Sioux Falls. The school was established by a group of interested parents of mentally retarded children who were concerned about the education of their children. In this school, which was taught by the parents themselves, the major interest was in keeping the children at home and educating them in their home community. In 1951, a law was enacted by the legislature that required a school district to pay tuition of \$35 per month for the placement of a child in another district for special services. This law came about because of the construction of the Crippled Children's Hospital and School in the city of Sioux Falls. This private school served the needs of the entire state, but it was necessary that school funds be used to help support the children, so this law became necessary.

Things began to move a little faster and in 1953, the State Department of Public Instruction appointed a state director to deal with the needs of special education children. In that same year, public school classes for the educable mentally retarded were begun in Sioux Falls and by 1956 three classrooms existed in the city. Creation of these classrooms, along with the one in Mitchell and another one or two in Rapid City, meant that there were now six or seven classrooms for retarded children in the public schools of South Dakota.

In 1954 the South Dakota Association for Retarded Children was formed. With the advent of this association came a tremendous impact to the state that helped to develop appropriate legislation and funding to help retarded citizens both in public schools in the local communities and in the institution for the feeble-minded.

In 1954, Dr. Henry Cobb, psychologist at the University of South Dakota, initiated a summer school program for teachers of retarded children. This was the first training program in South Dakota in which an attempt was made to do something about education and training of special children. In 1955, Senate Bill 6, Section 4, Chapter 41 of the Sessions Laws specified a definition, regulations, and provisions for the education of exceptional children. State appropriations were also made for funding special education classrooms in the state, and a Division of Special Education was established at the state level with Mr. Robert Reed receiving the first appointment as special education director for the state of South Dakota. The Association for Retarded Children and members of the American Association on Mental Deficiency were responsible to a great extent for the accomplishments that were made in the year 1955.

In 1956 the first college program was established in the field of special education to train teachers in the areas of mentally retarded and physically handicapped children. This program was established in the fall of 1956 by the state Board of Regents as a part of the curriculum of Northern State Teachers College in Aberdeen. The first director of this program was Dr. LeRoy Larson.

In 1957 a teacher consultant position was added to the Division of Special Education in the state department and thus a two-member team was established. Miss Shirley Barnes, who at the present time is special education director for the Mitchell public schools, was appointed teacher consultant. Also during that year the state

legislature substituted the phrase "mentally retarded" for "feeble-minded" in all state statutes. Thus the term "mentally retarded" became a term that could be spoken aloud and not whispered about. Accompanying this legislation was a substitution in the name of the State School for the Insane, and the South Dakota State School for the Feeble-minded was renamed Redfield State Hospital and School. That same year the West River Hospital for Multiply Handicapped Children was established. The West River Hospital and School was housed in what in prior years had been the Tuberculosis Sanatorium at Custer, South Dakota. In 1958 the first sheltered workshop for moderately to severely mentally handicapped adolescents and adults was established in the city of Sioux Falls. This was accomplished through the effort of the Sioux Falls Chapter for Retarded Children and was operated by the local Association for Retarded Children. This was implemented and established through the efforts of Mr. William Green and many other parents. The workshop was originally housed in a two-car garage building on North Main Avenue in downtown Sioux Falls and later moved to a site that was originally built as a hangar for military planes during World War II and was eventually converted to a warehouse in what was called the industrial park area. In 1959 sheltered workshops were established in Mitchell and in Rapid City.

In 1961 the first segregated class for the mentally retarded was graduated from the Senior High School in Rapid City. That was very eventful because it was the first public recognition of the accomplishments of mentally retarded adolescents and young adults in the field of education.

In 1961 the Division of Special Education and the Division of Guidance, both established in 1953, were merged to form the Division of Pupil Personnel Services. This created at the state level a Division of Education could be allowed to develop and add necessary personnel to help in the development of programs for the mentally retarded across the state. In 1961 a sheltered workshop was established in the city of Aberdeen in an old pump house that had been abdicated by the city's water department. PKU testing was initiated in 1962 at Redfield State Hospital and School by the State Health Department and continued as a requirement for the next 11 years.

In 1963 the West River Hospital and School was closed as a school for the severely multiply handicapped and a branch of Redfield State Hospital and School was opened called Custer State Hospital. This facility was reopened for the care of nonambulatory, seriously mentally and physically handicapped individuals.

Dr. Henry Cobb, professor of psychology at the University of South Dakota was elected president of the National Association for Retarded Children in 1964.

In 1966 the sheltered workshop in Sioux Falls moved to a new facility, constructed under P.L. 88-164, and was renamed Sioux Vocational School. The school was constructed on a site near the intersection of Western Avenue and Interstate Highway 229.

In 1971 the Center for Developmentally Disabled was established in Vermillion as a part of the state-wide funding program to provide evaluation, research, follow-through programs, and training for parents and professionals. In 1973 a Behavior Training program started at Custer State Hospital and School and mandatory PKU testing for all newborn babies became law. In 1974 sheltered workshops were established in Watertown, Brookings, Rosebud and Yankton, and day activity centers were established in Lennox and Chamberlain. That same year the public schools of the city of Sioux Falls initiated a public school program for moderately to severely singly or multiply handicapped children who could be admitted to the program from the age of earliest identification to age 21. The year 1975 saw the beginning of a day activity center at Vermillion.

Between the years 1960 and 1966 the University of South Dakota at Vermillion, the Black Hills State College at Spearfish, and Augustana College in Sioux Falls developed teacher training programs in special education. The programs varied from one college to another, but included programs in teacher training in areas of the mentally retarded, physically handicapped, emotionally disturbed, the deaf, and the blind.

Much has been accomplished in the last 20 years by the state of South Dakota in developing and modernizing programs and in creating better life for the mentally retarded. Since the advent of compulsory education laws for the handicapped in South Dakota, all children, handicapped from the time they are born until they reach 21, must receive an appropriate education. Much has been done to bring the needs of the handicapped to the attention of the citizens of the state. The day has come when appropriate education for all mentally retarded citizens is going to be accomplished, and a more enjoyable and full life for retarded citizens has arrived. The wishes and prayers of parents of retarded children have been answered and their sustained efforts have not been in vain. All problems have not been resolved, but much has been done, and the citizens of South Dakota recognize more fully their responsibilities in establishing equal rights for the state's handicapped citizens.

CONTRIBUTIONS OF MEDICINE TO THE FIELD OF MENTAL RETARDATION IN MINNESOTA AND REGION 8

Heinz H. Bruhl, M.D., Faribault State Hospital, Faribault, Minnesota

INTRODUCTION AND BACKGROUND

Mental retardation was for a long time a step-child of medicine. One of the major reasons might have been that this kind of affliction was, since earliest times, considered to be of a spiritual and religious nature. A physical explanation or reason for such a deficiency did not occur to either the professionals or the general public. Significantly, the term "idiot" covered the whole range of mental deficiency. In addition, early nineteenth century attempts by Itard, Guggenbuhl, and Seguin to cure imbeciles and cretins by educational means only had ended more or less in failure. Hence, the attitude of most medical people towards mental retardation was apathetic and defeatist.

However, there existed in the United States a small group of physicians, mostly psychiatrists, who were united by a spirit of pioneering in the "terra incognita" of "feeble-mindedness." In order to exchange information and ideas they formed in 1876 the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons. They met annually with Dr. Edouard O. Seguin, the famous French educator who had lived in New York since 1848 and was the association's first president.

One member of this group was Dr. Arthur C. Rogers, a physician with a background of special studies and practical experience in mental retardation. He was superintendent of the Faribault School for the Feeble-minded in Minnesota from 1885 to 1917.

According to all reports, Dr. Rogers must have been an exceptional man with an imaginative and inquiring mind. He anticipated in his various and many-sided programs attitudes and concepts that we claim as new and original in our times. He was able to attract two outstanding men who, like him, were dedicated to the cause and to a clearer understanding of mental retardation: Dr. A.R.C. Wylie, a Harvard graduate in psychology who joined Dr. Rogers in 1898, obtained a Ph.D. in psychology in 1902, and later obtained a medical degree, and Dr. Frederic Kuhlmann, a psychologist who became director of research in Faribault in 1910.

The School for Idiots and Imbeciles at Faribault, started as an experimental class in 1879, was enlarged to an experimental school in 1881 and was established permanently in 1887. Its enrollment had steadily grown from 25 to 175 in 1889 and numbered 800 at the turn of the century. It was then one of 25 state schools for the Feeble-minded in the United States, with a total population of

15,000. Their residents were mainly ambulatory defectives, about a third of them epileptics.

It was at the Faribault School for the Feeble-minded that research originated in Minnesota. Before describing its far-reaching impact, it should be mentioned that from 1896 on, Dr. Rogers was the chief editor of the Journal of Psycho-Asthenics, a quarterly printed in the printshop of the Faribault School at a subscription price of \$1.00 per year! It was the only journal of its kind at the time and the central organ for publications in the field of mental retardation and epilepsy. Its 21 volumes make fascinating reading. It ceased publication in 1918, following Dr. Rogers' untimely death at the age of 60 in January, 1917. The Journal of Psycho-Asthenics was the forerunner of the American Journal of Mental Deficiency.

FIRST RESEARCH IN FEEBLEMINDEDNESS IN MINNESOTA

Early in their attempts at research, Drs. Rogers and Wylie posed for themselves two basic questions: What is feeble-mindedness? In what way do feeble-minded children differ from normal ones? Except for some generalizations and vague concepts nothing concrete was known.

It was a common observation that a mental defect is often associated with physical abnormalities. Therefore, their investigations began in an area where normal standards such as height and weight were available. In 1898, assisted by the Department of Psychology at the University of Minnesota, Dr. Rogers established "neurological, anthropological, and psychological laboratories with the latest precision instruments," located in the basement of the Institution's new hospital. Dr. Wylie, who "worked part-time as a pharmacist to pay for his board," devoted most of his time to these investigations.

Measurements of height and weight were taken on 805 boys and girls ages 1 to 30 and on 67 epileptics of similar ages. The main findings, published in 1899 and 1903, showed the growth curves of epileptics to be almost normal, whereas those of the feeble-minded were subnormal. Besides, their development seemed delayed in early years and in adolescence. This latter finding was attributed to delayed puberty. These results, as we know, are not generally acceptable any more. In all probability, mongoloid children, cretins, and other types with stunted growth depressed the growth curves. Also, the hormonal, nutritional, and socio-economic effects on physical develop-

ment were then unknown.

The next investigations published in four papers in 1900 were concerned with the mental functions and abilities of the feeble-minded. They were very extensive and based on exact measurements using the latest available methods of neurophysiology and experimental psychology. Test groups numbered from 60 to 80. Tests requiring time and cooperation from the test subjects were done in groups of about 20. The groups were always divided by sex but not by age. In later studies the test subjects were divided into three groups according to "brightness, as determined by the teachers."

Dr. Rogers was a great admirer of Dr. Edouard Seguin and his "physiological methods of education of idiots." It was based on the concept that feeble-mindedness was primarily caused by "dullness of the senses," trainable through repeated exercise. On Dr. Rogers' suggestion, Dr. Wylie studied the "senses" of the Faribault schoolchildren. He measured the sensory perception of taste, hearing, vision, touch, and pain; the reaction time to stimuli; motor ability and coordination; muscle fatigue; proprioceptive muscle sense; and memory. In most of these areas he found deficiencies which, for the first time, were recorded in average numbers with an indication of mean variations for each item.

In the investigations of "instinct and emotions" (1901), the test subjects were divided into three groups of varying ability, corresponding to our present terminology of profound, moderate, and mild retardation. The method of study was entirely new and unique. It consisted of a questionnaire to be answered by the "attendants most intimately acquainted with the children." The questionnaire covered 23 areas similar to our adaptive behavior scale. Unfortunately, the results were only given in general terms and anecdotal description.

Most of the findings arrived at 75 years ago were confirmed in principle later on. Their validity is sometimes dubious because the tests were done on mixed groups. We should not forget, however, that these investigations preceded the introduction of the Binet-Simon ratings by 8 years and the concept of I.Q. by 15 years and that the classification of mental retardation according to clinical types was in its infancy. This criticism does not detract from the historic value of these studies. They were among the first in the United States to introduce methods of neurophysiology and experimental psychology to research in mental retardation. The uniqueness of Dr. Rogers' and Wylie's approach was that they replaced general descriptions of research findings with concrete quantitative measurements and reported them in figures of average and mean variations. In this they were true pioneers.

MENTAL TESTING AND ITS IMPACT ON RESEARCH IN MINNESOTA

Upon his return from Europe in 1908, Dr. H. Goddard, the well known psychologist from Vineland, New Jersey, brought the Binet-Simon tests back with him. Dr. Rogers was one of the first to recognize their value and the advantage of replacing informal, empirical opinions of mental ability with a concrete tool for measuring intelligence. Upon Dr. Rogers' suggestion, Dr. Kuhlmann tested their validity on the inmates of the Faribault school and modified and improved the scales. He adapted them for general use in the United States, as did H. Goddard in New Jersey and L. Terman in California. Kuhlmann published his findings in a series of excellent papers in 1910 and 1912. By 1915, simultaneously with W. Stern in Germany, he had developed the concept of the intelligence quotient (I.Q.), which was universally hailed as an outstanding achievement.

The newly established concepts of mental age (M.A.), and intelligence quotient (I.Q.) had a two-fold impact on mental retardation research. One was the possibility of making an objective diagnosis of mental retardation and establishing a mental classification on three levels. With minor adjustments, the classification of idiots (M.A. 0-2 years, I.Q. 0-25), imbeciles (M.A. 3-7, I.Q. 26-50), and morons (M.A. 8-12, I.Q. 50-75) has remained the same for 50 years.

The second impact - still felt today - was in the field of heredity and genetics. Mendel's laws of inheritance, published in 1866 but entirely forgotten, were resurrected by the scientific world in 1900 and spurred interest in a possible genetic etiology of mental defect. Dr. Rogers was an ardent student of heredity and had published on it in 1910. He had many inmates in his institution with family histories tainted by feeble-mindedness (18%), insanity and paralysis (16%), epilepsy (16%), and miscellaneous nervous disorders (35%). He was very interested to see the problem of heredity investigated and developed a research project with Dr. Kuhlmann as its director. The Minnesota legislature appropriated the sum of \$5,000 per year, for a total of \$25,000!

The study had two objectives: the scientific classification of all the inmates of the Faribault School according to mental levels; and the collection of family pedigrees and I.Q. data on all available members of inmates' families in order to establish possible inheritance patterns for mental deficiency. By 1921, Dr. Kuhlmann had finished the first task, the testing of over 1,900 inmates, with the following results: 573 idiots (29.9%), 778 imbeciles (40.6%), 505 morons (26.3%), and 26 borderline cases (3.2%).

The second part of the project, the family study, was done by two field workers specially trained for this type of work by the Eugenic Record Office of the Carnegie Institution. It was started in 1911, and the data were painstakingly collected by the Misses S. Devitt and M. Curial under what must have been considerable difficulties, given the weather and road conditions in Minnesota in those horse and buggy days.

By 1918, data on almost 45,000 persons representing 549 families had been assembled. This material was not scientifically evaluated until 1950. The collection of data came to a sudden halt in 1917 after the death of Dr. Rogers, who had been the driving force behind the project. The findings, though incomplete, stimulated epidemiological studies in mental retardation and fostered the sterilization program in Minnesota.

DR. ROGERS AND THE PROBLEM OF EUGENIC STERILIZATION

Over the years Dr. Rogers had gained the impression that in families of institutionalized retarded people, "feeble-mindedness, neurological disorders, epilepsy, alcoholism, crime and promiscuity predominated." In a report in 1916, he stated that "in about 35% of cases the condition was acquired through disease or accident; alcoholism was found in 3.7%, and that 65 to 70% were cases of hereditary origin in which one or both parents were mentally retarded." Dwellers in the Vale of Siddem published by him (posthumously) and Maude Merrill in 1919 confirmed the dysgenic research results published by Drs. C. Davenport and H. Goddard in 1910 and 1911. The impact of these books was far-reaching: It was the general assumption for many years that society should be protected against this "dysgenic menace" either by permanent segregation or by sterilization of the retarded. Dr. Leo Kanner very aptly called this period the "decades of the eugenic scare." From 1907 until 1937, 21 states passed laws providing for sterilization of the mentally ill and defectives, Iowa in 1911, North Dakota in 1913, Nebraska in 1914, South Dakota in 1917, and Minnesota in 1925.

Although most laws called for compulsory sterilization, Minnesota's law provided for voluntary sterilization only. The total number of sterilizations performed in Minnesota from 1925 to 1963 was 2,350; 80% of these persons were female and 20% were male. This represents about 2% of the retarded population in Minnesota spread over a span of 40 years, proof that the state of Minnesota was very conservative in applying the law, in contrast to other states. Sterilization was done on a "selective" basis, as had been recommended by Dr. Rogers in 1910.

At present, surgical sterilization is recommended only after other contraceptive methods have proved unworkable and for the following conditions: physical illnesses that might endanger

the life of the mother, specific hereditary and genetic conditions highly likely to produce retarded offspring (genetic-familial type of mental retardation, Phenylketonuria, Tay-Sachs disease, etc.), and proven social inadequacy, inability to rear children, child abuse, etc. From 1969 to 1975, 23 cases meeting these conditions were approved for sterilization while I was medical director of the Faribault State Hospital.

There are several reasons that eugenic sterilization went out of favor. The major one was a change in philosophy: The public had become increasingly aware of the concept that sterilization of a retarded person represented an invasion of human rights, an idea strongly propagated by the late Dr. David Vail, medical director of the Minnesota Department of Public Welfare from 1960 until 1972.

Furthermore, many people doubted whether eugenic sterilization was really as effective as had been anticipated and whether it was still the proper way of preventing mentally defective offspring after less drastic methods such as the I.U.D. and birth control pills became available in 1961. Since then, many sterilization laws have been repealed.

GENETIC FAMILY STUDY OF MENTAL RETARDATION

In 1927, Dr. Charles Dight endowed the University of Minnesota with funds to establish an institute for the study of human genetics. The institute, bearing his name, was opened in 1941. It presently has a staff of three geneticists, one physician, and one biochemist. Besides education, its main activities are genetic counseling and research.

In 1950, Dr. Sheldon Reed, director of the institute since 1947, and his wife Elizabeth, both geneticists, reopened the genetic family study begun 40 years earlier by Dr. Rogers in Faribault. The original records contained family data for 549 inmates. In order to give the study a diagnostically well defined basis the patients of the research group had to meet three criteria: an I.Q. of 69 or below, institutionalization between 1911 and 1918, and no history of epilepsy. This reduced the number of index cases to 289. They were subdivided into four etiological categories that were studied and evaluated separately after a patient's medical diagnosis had been verified. These families were then investigated with unflinching thoroughness and remarkable success. In total, data on more than 82,000 relatives of the 289 retarded individuals and covering six to seven generations were collected. Some of the results of these studies, conducted over a period of 15 years are given below.

Up to then, the incidence figures of familial mental retardation and the percentage of retarded offspring from retarded parents varied from study to study from 25% to 60%. By showing

that these variations were the results of sampling methods, the Reeds were able to clarify these differences. Furthermore, they clarified the important question of retardation rate among offspring. They found that "when both parents were retarded 39.5% of the children were retarded; with one retarded parent 12.7% were retarded and with both parents normal 0.9%; when both parents were normal and had normal siblings, the percentage of retarded offspring was reduced to 0.5%."

Of great practical importance for genetic counseling are the empirical risk figures, which depend entirely on the type of union. The risk of having a retarded child if both parents are retarded is 40 to 80 times as great as that for two normal parents.

The reproductive rates described by the Reeds show that, in total numbers, the retarded do not reproduce themselves, mainly because of the high proportion of childless persons among the retardates and their siblings. Whereas the negative correlation of about -0.3 between family size and the average intelligence of the children, as observed by many investigators, would seem to predict a steady decline in our national intelligence level, the authors resolved this paradox by indicating that the picture changes completely when the unmarried and childless retarded members of each generation are included. In the total picture, the lowest I.Q. group produced the fewest children and the highest I.Q. group the most. This problem, I believe, needs further investigation in the next generation.

Finally, the I.Q. scores collected for more than 4,000 parents and children demonstrated beautifully Galton's "law of filial regression (shift) toward the mean."

The genetic family study of Elizabeth and Sheldon Reed based on data collected 60 years ago in Minnesota has been recognized as one of the most important contributions to the field of present-day medical genetics. The vast accumulation of reliable data in the published 289 pedigrees is a storehouse for future research.

FORERUNNERS OF MEDICAL RESEARCH

Until 1950 mental retardation was studied mainly by psychologists, sociologists, and educators; the physician was a Johnny come lately. Medical interest in mental retardation had been confined mainly to describing different clinical types of retardation and to exploring the underlying pathology of the brain. This had been a painfully slow process spread over 100 years. The best known types were hydro- and microcephaly, cretinism, and mongolism, described by Langdon Down in 1866 and now called Down's Syndrome. In addition, the advancing field of neurology discovered several specific diseases of the central nervous system in which mental defect was one of the clinical manifestations as, for instance, in tubero-

sclerosis and familial amaurotic idiocy (Tay-Sachs disease).

Although these disorders of the central nervous system were comparatively rare and played numerically only a minor role in the total picture of mental retardation, the intense study of the pathology of the involved brain regions gave not only a deeper understanding of the underlying organic process but prepared the way for further and newer research developments.

TEAMWORK IN MEDICAL RESEARCH

Most fruitful for research and teaching has been the cooperation of the medical centers at the University of Minnesota, the Veterans Hospital, and the Mayo Clinic with the state institutions at Faribault and Cambridge. The large numbers of retardates of all types in these facilities offered great opportunities for special and statistical investigations. This cooperation has a long tradition, starting with Dr. Rogers in 1898.

One of the outstanding collaborators was Dr. Irvine McQuarrie, chairman of the Pediatrics Department at the University from 1930 to 1956. In the 30's he developed a movie on mental retardation for teaching purposes, using many clinical types from Faribault and Cambridge for illustration. In 1969 a modern picture series on the etiology of mental retardation was developed by Dr. H. Bruhl and A. Madow, in cooperation with Dr. Antusa Bryant, Mankato State University. This filmstrip-audiotape is a lecture on primary and secondary causes and includes description of 50 different types of mental retardation. One field of Dr. McQuarrie's research, done with Drs. Mildred Ziegler and Robert Ulstrom, was glycogen (starch) storage diseases and idiopathic hypoglycemia. In these familial diseases, recurrent episodes of low blood sugar cause widespread loss of neurons in the brain cortex and, frequently, severe mental deterioration. The therapeutic use of adreno-cortico steroids (ACTH), which had just been isolated by Dr. Philip Hench of the Mayo Clinic, was found to be effective.

Another field of investigation was epilepsy. According to a report by Drs. Bailey and Rogers in 1899, 35% of the patients admitted at Faribault had a history of convulsions, and 34% of their deaths were attributed to epilepsy, proof of the magnitude of the problem. Dr. McQuarrie and his staff studied epileptic patients in the Cambridge State Hospital from many aspects. In 1934-35, Dr. T. Wheeler improved the seizure recording system; at the same time Drs. Hirschfelder and Haury did research on the blood biochemistry involved in epilepsy. The newly invented tool of EEG (1929) made it possible to understand the electrical processes in the brain during seizures and to distinguish between different clinical types of seizures, a problem that had baffled generations of physicians. Drs. R. Engel and F. Halberg took 24-hour EEG's to study cir-

cadian rhythms in normals, epileptics, and mental retardates (1950). In 1924, the ketogenic diet was discovered at the Mayo Clinic by Peterman and Helmholtz and was added to the use of phenobarbital, the only known anti-convulsant at that time. In cooperation with Dr. Keith of the Mayo Clinic, Dr. McQuarrie further developed the ketogenic diet and also added ACTH to the treatment of epilepsy.

Other outstanding contributions to the field of epilepsy were surgical excision of epileptic foci by the neurosurgeons of the University and the Mayo Clinic in cases of psychomotor epilepsy, hemisphere-ectomies in cases of uncontrollable focal seizures, and the use of depth electroencephalography introduced by R. Bickford at the Mayo Clinic in 1944.

Dr. John Anderson, who followed Dr. McQuarrie as head of the Pediatrics Department at the University, upheld this tradition of cooperation with the Faribault State Hospital in the study of PKU, one of the major research efforts in Minnesota in the field of mental retardation.

INHERITED METABOLIC ERRORS

Dr. Asbjorn Foelling's discovery of phenyl-ketouria (PKU) in 1934 was an outstanding accomplishment because it opened the door to an entirely new class of disorders called inborn errors of metabolism. These are familial diseases caused by specific enzyme defects that are transmitted through an abnormal gene from generation to generation according to Mendelian laws. The few inborn errors of metabolism described by Sir Archibald Garrod in 1909 were considered medical oddities; since then, 200 inborn errors have been recognized, including albinism, diabetes, hemophilia, and sicklecell anemia, to name a few. Forty; e.g., Phenyl-Ketouria, galactosemia, gargoylism, and Tay-Sachs disease, lead to mental retardation (Scriver, 1969).

Two metabolic errors causing mental retardation were detected as early as 1952 and 1961, respectively, by two researchers at the University of Minnesota Hospitals: Lowe's Syndrome, named after Dr. Charles Lowe, which is a familial amino-aciduria with cataracts, kidney dysfunction, and mental retardation, occurring only in boys, and San Filippo disease, a specific storage disorder that causes skeletal malformations, severe neurological involvement, and mental retardation.

It should be emphasized that the whirlwind pace of progress in this area of research during the last two decades was possible only through a simultaneous rapid development of methods based on chromatography, microcellular chemistry, automation, and computer technology.

PHENYL-KETONURIA STUDIES

When Dr. Foelling, a physician and biochemist in

Oslo, Norway, described PKU in 1934, he found that these patients were unable to metabolize phenylalanine, an amino-acid in dietary protein, that they were mentally retarded, and that this disorder was familial. In the early 50's H. Bickel in Germany had shown that the mental retardation involved in PKU cases could be ameliorated by a low phenylalanine diet. Further investigations of this new type of dietary treatment were started in the University of Minnesota by H. Berendes and R. Fisch in 1955. Of the 110 PKU children seen in their clinic since then, only those placed on the diet when they were 3 months or younger responded satisfactorily, attaining I.Q.'s of between 85 and 100. The children placed on the diet at a later age showed variable results, with only 40% attaining I.Q.'s above 70.

From 1957 on, a controlled diet study on 20 older PKU patients, mostly children and adolescents, was conducted at the Faribault institution. Although the effects of the diet on infants are quite dramatic, the intelligence level of the older patients was not changed. Other beneficial responses were observed, however: intractable chronic dermatitis cleared up; motor function and coordination improved, so much so that five boys and girls succeeded in learning to walk; and favorable personality changes were observed in many patients.

Both studies complemented each other, emphasizing the need for early recognition and treatment of PKU to assure prevention of mental retardation. These results were instrumental in the adoption of the Minnesota law in 1965 for mandatory screening of newborn infants for PKU on the 5th day of life (see "Prevention of Mental Retardation").

Besides diet studies, cooperative efforts were made to unravel the complex imbalance of the amino-acids in PKU cases and their possible effect on the function of the central nervous system. This was done on biochemical and psychological levels. The latter area of behavioral genetics was covered by Dr. Elving Anderson and Felicia Siegel of the Dight Institute in Minneapolis.

The multiple aspects of PKU and allied metabolic diseases were the topic of a special conference in Washington, D.C. called by the Pediatrics Department of the University in 1966. About 100 researchers from the United States, Canada, and Europe discussed the problems of casefinding, dietary treatment, general metabolism, and brain biochemistry. Most interesting were the reports on experimental PKU monkeys by Dr. Waisman of Madison, Wisconsin.

This might be the place to briefly mention the role played by animal experiments in modern brain research. The fundamental question involved is what is going on in nerve cells and brain tissues

in the process of mental retardation. This research is based on the investigation of cellular metabolism of tissue slices invented by the Nobel prize winners Otto Warburg, and Meyerhof in the 20's. Nowadays, it is done with vastly refined methods of ultra-chemistry using intra-cellular manipulation and electron microscopy.

A leader in this field is Dr. Williamina Himwich at the Nebraska Psychiatric Institute in Omaha, who has contributed greatly to our understanding of the chemical maturation of the brain before and after birth. Thus we know now much more about the intricate processes that influence the chemical transmission of nerve impulses such as oxygen consumption, energy metabolism, the electrical potential of cell membranes and nerve fibers of the brain, etc.

Further research in experimental PKU has been done on animal brains at the Omaha Institute. Such animal studies serve as models for the human disease, trying to correlate abnormal performance with specific brain findings. At the University of Minnesota, Dr. K. Swaiman has done similar animal research to explain processes during anoxia at birth.

All these animal experiments are a valuable adjunct to the extensive studies of brain pathology in the retarded done in the laboratories of Drs. A.B. Baker and Joo Ho Sung at the University. During the last 20 years the Faribault State Hospital has submitted to them about 100 brain specimens for histological and histochemical investigation and eventual publication of the findings.

THE PLACE OF MODERN PSYCHIATRY IN MENTAL RETARDATION

An area which in recent years has greatly contributed to the better understanding of mental retardation is present day child psychiatry. Leading in this field are Dr. Leo Kanner at Johns Hopkins, Dr. Lauretta Bender in New York, Dr. Reynolds Jensen at the University of Minnesota, and Frank Menolascino at the Nebraska Psychiatric Institute in Omaha, Nebraska. With these experts, psychiatry has come back into its own in the field of mental retardation. By their brilliant contribution through publications, presentations, and teaching, these persons have made us aware that mental retardation has not only biological but also psychological and emotional roots. There is not only childhood autism and childhood schizophrenia but also the many "borderland" cases, as Dr. Rogers called them 75 years ago, where mental retardation and psychosis are so intimately interwoven that one must question where one ends and the other begins.

A Special Treatment Unit for disturbed mentally retarded adolescents was established in Cambridge State Hospital in the 60's with remarkable therapeutic success. A similar unit for 20 autistic

children and adolescents was created at the Faribault State Hospital in 1969. Dr. Lenard Fielding, a psychiatrist from Brainerd, Minnesota, an ardent student of A.B. Skinner and an advocate of applying operant conditioning methods as therapeutic tools, was instrumental in the creation of a special research and treatment unit for profound mentally retarded adolescents with self-injurious behavior ("head bangers") at the Faribault State Hospital. This program, which utilizes methods of behavior modification, structured programming, and aversive stimulation by remote controlled electric skin shock, has been in operation for 3 years, with a remarkable success rate of 72%.

THE IMPACT OF CYTOGENETICS (CHROMOSOMAL STUDIES)

Clinical genetics received an unexpected boost when in 1956 Drs. Tijo and Levan of the National Health Institute in Bethesda, Maryland, established the correct chromosome number in the human species as 46. Three years later, Lejeune and Turpin of the Paris University announced that the chromosomal number in mongolism was 47. This epochal discovery gave a definite answer to the 100-year-old riddle of Down's Syndrome and buried some 37 theories of its etiology. This was the first step in an astounding advance in the field of cytogenetics.

In short succession, several chromosomal abnormalities associated with mental retardation were discovered such as Klinefelter's, Turner's, and Triple-X syndrome in 1959. Further progress in cytogenetics was made in the years 1969 to 1971 with the development of the so-called "banding" technique to which the laboratory of Dr. J. Yunis, medical genetics division at the University of Minnesota, contributed greatly. These new techniques allow the precise identification of each chromosome and recognition of minute and complex structural rearrangements. According to newest findings, mental retardation appears to be associated with many more chromosomal abnormalities than were known heretofore.

Several cytogenetic studies have been done at the Faribault State Hospital. In 1964-1965 a survey was made for X-chromosomal abnormalities by a University team under Dr. R. Gorlin, authority on genetic oral-facial malformations, Dr. J. Yunis, and Dr. H. Bruhl. Among 3,000 residents, 14 sex-chromosomal abnormalities were identified. The same team also made studies on the palate in Down's Syndrome. In association with Dr. Milton Alter, I studied dermatoglyphics (fingerprinting) in prenatal Rubella syndrome, microcephaly, and hydrocephaly (1967-69). At present, other chromosomal investigations are being conducted by Dr. Yunis and his team at the Faribault State Hospital. Selected retardates who show only minor physical abnormalities, as well as their families, are being studied.

Numerous chromosomal aberrations have been described by Dr. Hymie Gordon and G. Deward of the Mayo Clinic, by Dr. L. Schacht, T. Thelen, and M. Jenkins of the Minnesota Department of Health, by Dr. J. Eisen et al. of the Human Genetics Center in Omaha, and by Dr. H.U. Zellweger at the University of Iowa.

PREVENTION OF MENTAL RETARDATION

Within the past generation we have come to realize that mental retardation has many different aspects and multiple causes - psychological, socio-economical, genetic, and bio-medical. In 1965, we could name about 70 specific ones; by now, the number has almost tripled.

For hundreds of years those in the medical profession have endeavored to learn more about the processes of human ailments and frailties and how they come about, always with the goal of treating them and, eventually, preventing them. This also holds true for mental retardation, even more so in view of the seemingly hopeless task of improving cases of irreversible brain damage. The best approach to conquer this affliction is prevention.

Once considered permanent and unpreventable, many types of retardation have been either eliminated or have become preventable in recent years. The first type of mental retardation to be recognized and successfully treated was cretinism. Reports in the Psycho-Asthenic Journal of Dr. Rogers were enthusiastic about the curative effect of sheep thyroid, discovered around the turn of the century. In 1919, Dr. Edward Kendall of the Mayo Clinic identified the thyroid hormone, a feat that earned him the Nobel Prize in 1950, together with his colleague, Dr. Philip Hench, the discoverer of ACTH. In 1959, Dr. A. Hales of the Mayo Clinic investigated a rare genetically determined familial type of goitrous cretinism at the Faribault State Hospital. Since introduction of iodized salt for general use in Europe and the United States in the 20's, endemic goiter and cretinism have practically disappeared.

Syphilis was a scourge of humanity for almost 5 centuries. With the advent of arsphenamine in 1907 and penicillin in 1942 and their widespread systematic use by public health authorities, syphilis has been markedly reduced. Concomitantly, the percentage of syphilis-contracted mental retardation has declined from 5-10% to less than 1% at present. Similarly, the successful treatment and control of many bacterial and virus infections is a triumph of modern medicine achieved by the discovery of antibiotics and the general use of vaccines. In this way, the previous high number of neurological residuals, including organic brain damage and mental retardation, has been markedly reduced.

The most recent advance in this field was the

development of the German measles (rubella) vaccine in 1969. During the last rubella epidemic in the United States in 1964, the estimated cases of prenatal brain damage was almost 30,000, predominantly in the densely populated urban areas of the East and West. In previous years, the Faribault institution had about 2 dozen patients with the "prenatal rubella" syndrome with mental retardation, microcephaly, and other malformations. Since the use of the vaccine, no such cases have been admitted.

Other areas where new therapeutic approaches have helped substantially to reduce the occurrence of brain damage and mental defect are the fields of obstetrics and neurosurgery.

Statistics regarding the frequency of cerebral birth injury vary widely, but an incidence of 10 to 20% among institutionalized retardates is generally accepted. The nationwide "Collaborative Study on Cerebral Palsy," in which several departments of the University of Minnesota participated, has clearly shown that although the skillful management of delivery by the obstetrician can substantially reduce perinatal causes for anoxia, prenatal care is of equal importance. It has been found that low weight babies were at a definite disadvantage in coping with the hazards of delivery. Since low weight babies are in many cases the result of poor prenatal care, intensification of the prenatal care program for mothers, especially of a lower socio-economic status, would aid greatly in minimizing the problem of birth injury.

Another important service of prenatal care is the prevention of brain damage in infants of Rh-negative mothers. This has been greatly simplified since 1969 by the successful use of a specific Rh-immune serum globulin (Rho-gam) to desensitize the mothers.

Years ago, hydrocephalus had a very poor prognosis, frequently ending in permanent idiocy. An unexpected achievement of neurosurgery is the modern treatment method of hydrocephaly. The so-called "shunt" procedures to relieve the fluid pressure have recently been vastly improved: Fine polyethylene tubes drain the fluid from the brain into the right atrium of the heart. This is presently the preferred method. Each year, about 30 shunt procedures are performed at the Mayo Clinic and about 16-20 are performed at the University, with 80 to 90% success.

Similar success has been achieved in craniectomy procedures to correct the premature closure of cranial sutures. The prognosis for normal mental development is excellent if the insertion of polyethylene film strips is performed during the 1st year of life. Mortality is nil. Seventeen craniectomy operations have been performed at the University of Minnesota during the last 6 years.

Promising results have recently been recorded by

a University of Minnesota team of neurosurgeons and pediatricians (A. Bensman and M. Horrobin) by combining surgery with rehabilitation in 34 cases of myelomeningocele of the spine.

The prevention of inborn metabolic errors is achieved by case finding of the affected newborns and by identifying the gene carriers in high-risk families. Case finding for PKU, for instance, is done by statewide mass screening programs introduced in the 60's using Dr. Guthrie's (Buffalo, N.Y.) method of detection. Forty-three states have made this procedure mandatory by law, Minnesota doing so in 1965. Since then, 44 verified cases of PKU have been found by the Minnesota Department of Health, an average of four PKU cases in about 56,000 newborns per year. These babies can be placed immediately on the low phenylalanine diet and thereby saved. Aside from the human angle, the economic aspects of the screening program are important: The cost of this program in Minnesota is \$30,000 per year; i.e., \$7,500 for one positive case. This is 63% of the yearly cost for a retarded PKU patient in a state institution at the present rate. To keep such a patient in an institution for an average of about 40 years costs the taxpayer \$48,000! In the future, most of these screening programs, including programs to detect other errors leading to mental retardation, may be done by automation on a large scale, thereby lowering the cost still more.

A second way of preventing inborn errors is to find the gene carriers in the affected families. Most errors are transmitted by a single, recessive, nonsex-linked gene. Therefore, two-thirds of the siblings of such patients are carriers.

In PKU cases it is possible to identify these carriers by phenylalanine loading tests. The method is still imperfect but is usable. In 1961 Dr. J. Anderson and Dr. R. Fisch did a series of loading tests to evaluate the method. Dr. Lee Schacht, geneticist from the Minnesota Department of Health, and Dr. Heinz Bruhl at the Fairbault State Hospital, made a carrier study on 23 PKU families, mainly on siblings, from 1963 to 1968. All of the approached families were most cooperative and interested. The tests were followed up by genetic counseling with the result that many of the determined carriers returned later on to have their fiances tested prior to marriage. A special problem confronts the treated PKU females with normal intelligence when they reach childbearing age and get married. According to Anderson, Fisch, and others, these women run a very high risk of having mentally retarded offspring with microcephaly and other malformations. They have to be advised to avoid having children of their own under any circumstances.

In 20 of the known metabolic errors associated with mental retardation, the gene carriers can be determined by various methods. One of them

is the blood test developed in 1970 to find the carriers of the Tay-Sachs disease. This is a rapidly fatal neurological deterioration of seemingly healthy newborns. Blindness is an early symptom. No affected children survive beyond the 2nd year. This disease, caused by the lack of a specific enzyme, is encountered predominantly in children of Jewish ancestry. Because this is a well defined and limited group, the search for unidentified carriers is feasible and financially within reach. Such studies have been done in the Baltimore area, in Omaha by Dr. James Eisen, and at the University of Minnesota by Dr. Robert Desnick in 1975. Dr. Desnick made a survey of 3,000 Jewish people in the Twin Cities who volunteered for the test and found 115 carriers, one in 26 (3.83%). Two couples were found among them. Because of the 25% risk of having affected offspring, they were advised not to have children of their own or, in case of pregnancy, to undergo amniocentesis.

Amniocentesis is one of the latest methods for making a prenatal diagnosis in high risk families; e.g., in pregnant women over 40 years of age. It was developed in 1968 and involved the withdrawal of a small amount of amniotic fluid from the uterus of the expectant mother at 12-16 weeks of pregnancy. This procedure permits the detection of both chromosomal and biochemical defects in the fetal cells and provides the option of a therapeutic abortion. According to present knowledge, approximately 20 chromosomal aberrations and 30 metabolic errors are detectable in utero. In case of normal diagnosis, this procedure has a great beneficial psychological effect by relieving the anxiety of the prospective parents. Amniocentesis is relatively safe, as established in a nationwide study of 1,040 women. It must be done by physicians who are highly trained in the technique, however.

Since 1968, the University of Minnesota has done about 125 and the University of Nebraska Medical Center has done 132 genetic amniocenteses to lead in this field among 55 centers in the United States.

PRACTICE OF PREVENTION

Practical approaches to the prevention of mental retardation are comprehensive planning and genetic counseling.

Comprehensive planning is the main task of the child development centers. These centers came into existence around 1960 and have grown rapidly in numbers. At present there are about a dozen in Region VIII, four in Minnesota, four in Iowa, two in Nebraska, two in North Dakota, and one in South Dakota. Several of them are University affiliated. These clinics do an outstanding job of preventing mental retardation by diagnosing and evaluating the cases referred to them, by arranging for chromosomal studies and genetic counseling, by educating the families, and through

detailed programming and planning, etc. The Meyer Rehabilitation Center in Omaha under Dr. Paul Pearson sees about 700 patients per year, half of them new admissions. The Ramsey County Child Development Unit under Dr. Eunice Davis has processed 1,450 cases in 9½ years, 360 in the last year. Among 180 new cases in 1975, 60% were mentally retarded of all types, including 15% with seizures; in addition, many emotionally disturbed children were seen.

Genetic Counseling has kept step with the knowledge in clinical genetics. In the areas of chromosomal abnormalities it is now based on exact data provided by cytogenetic testing. In the area of hereditary conditions it is based on empiric risk figures as found by the Reeds in their studies on familial mental retardation. In Minnesota, chromosomal studies are performed at the Genetic Units of the Mayo Clinic by Dr. H. Gordon (800 per year), at the University by Dr. J. Yunis (550 per year), at the State Department of Health by Dr. Lee Schacht (200 per year), and at the Nebraska University Medical Center by Dr. J. Eisen (370 per year), with a total of 1,550 per year in Minnesota alone. That is an enormous workload, considering that each test takes a minimum of 72 hours. The very high figure at the Mayo Clinic is explained by their service rendered for the entire United States. Uniformly, all these centers report abnormal findings in about a third of the tests performed.

Genetic counseling is done at the same centers in

about the same numbers per year. In Minnesota, counseling service is also done in the Dight Institute, with about 150 cases per year seen by Drs. S. and E. Reed and E. Anderson; in Iowa, counseling is done by Dr. H. Zellweger at the University of Iowa, Iowa City.

EPILOGUE

In this overview of the contributions of medical research to the causes and prevention of mental retardation we have outlined its beginnings, its slow growth, and then, the sudden, vigorous, almost explosive expansion in all fields that took place 25 years ago. Stress has been placed on the areas where prevention either has already been achieved, as in contagious diseases, or where prevention is developing under our very eyes, as in metabolic errors and cytogenetics.

Some of these latest developments are so dynamic and revolutionary in nature that the solution of an old problem might become reality more rapidly than we ever dared to hope.

Progress in preventing mental retardation is a result of the diligent research work of hundreds of devoted scientists and medical people and the combined efforts of psychologists, social workers, and special educators all over the world. The achievements of the past hold great promise for the future.

Editors' note: After the preceding material was typed, we received additional information from Dr. Heinz Bruhl regarding amniocentesis and genetic counseling. He said that according to Dr. H. Zellweger, approximately 1,200 individuals are seen annually for genetic counseling at the University of Iowa and that 190 amniocenteses have been done there since 1968.

APPENDIX A: AAMD OFFICERS OF REGION VIII

NATIONAL PRESIDENTS OF AAMD			
		1958-59	Dagney Johnson, Chairman Shirley A. Bengston, Secretary
1885-86	F.M. Powell, M.D. of Iowa	1959-60	Mildred Thomson, Chairman Gerhard R. Vinger, Secretary
1889-90	A.C. Rogers, M.D., Faribault, Minnesota	1961-62	Dr. Marlon Roll and Dr. Thorston Smith, Chairmen
1890-91	J.T. Armstrong, M.D., Beatrice, Nebraska		Harry Halliday, Secretary
1905-06	George Mogridge, M.D., Glenwood, Iowa	1962-63	Dr. Galen Adkins, Chairman Helen Miller, Secretary
1910-11	A.R.T. Wylie, M.D., Grafton, North Dakota	1963-64	Edward L. Meyen, Chairman Helen Miller, Secretary
1913-14	J.K. Kutnewsky, M.D., Redfield, South Dakota	1964-65	M.E. Wyant, Chairman Helen Miller, Secretary
1925-26	A.R.T. Wylie, M.D., Grafton, North Dakota	1965-66	Wallace Nielson, Chairman Helen Miller, Secretary
1939-40	Fred Kuhlmann, Ph.D., St. Paul, Minne- sota	1966-67	Arnold Madow, Chairman Charles W.G. Anderson, Secretary
1949-50	Mildred Thomson, M.A., St. Paul, Minne- sota	1967-68	Dr. William C. Wildberger, Chairman Charles W.G. Anderson, Secretary
1951-52	Edward J. Engberg, M.D., Faribault, Minnesota	1968-69	Charles D. Polson, Chairman Charles W.G. Anderson, Secretary
1959-60	Frances Coakley Ames, M.A., St. Paul, Minnesota	1969-70	Dr. LeRoy Larson, Chairman Charles W.G. Anderson, Secretary
REGION VIII CHAIRPERSONS AND SECRETARIES		1970-71	Milla Rasmussen, Chairman Charles W.G. Anderson, Secretary
1937	Dr. J.M. Murdock, Chairman	1971-72	Dr. H. Warren Burk, Chairman Charles W.G. Anderson, Secretary
1939	Dr. Robert Haskell, Chairman	1972-73	Riley R. Nelson, Chairman Charles W.G. Anderson, Secretary
1940-41	Dr. E.J. Engberg, Chairman Mildred Thomson, Secretary	1973-74	Dr. Eunice Davis, Chairperson Charles W.G. Anderson, Secretary
1941-42	Dr. James A. Burford, Chairman Ethel Phipps, Secretary	1974-75	Geraldine Nesvan, Chairperson Willa Mae Ray, Secretary
1942-45	Dr. E.J. Engberg, Chairman Ethel Phipps, Secretary	1975-76	Thomas Scheinost, Chairperson Willa Mae Ray, Secretary
1945-46	Dr. D.E. Mcbroom, Chairman Florence Greiner, Secretary		
1948-49	Dr. Edward M. Myers, Chairman Caroline Perkins, Secretary		
1948	No Officers		
1949	Caroline Perkins, Chairman Frances Coakley, Secretary		
1950-52	Dr. C.C. Graves, Chairman Phoebe L. Marousek, Secretary		
1952-53	Dr. William A. Thompson, Chairman Ethel Phipps, Secretary		
1953	Dr. T.C. Marrs, Chairman (Died while in office) C.M. Henderson, Secretary		
1954-55	C.M. Henderson, Chairman Manford Hall, Secretary		
1957-58	Arvold A. Thompson, Chairman Elsie J. Seymour, Secretary		
		STATE CHAPTER PRESIDENTS	
		Minnesota	
		1973-74	Richard Hutchison, Faribault State Hospita
		1974-75	William Funari, Community Involvement Pro- grams, Inc.
		1975-76	Karen Barber, Fergus Falls State Hospital
		1976-77	Lois Zimmerman, Cambridge State Hospital
		South Dakota	
		1975-76	Patricia Fallbeck, Black Hills College
		1976-77	Fred Sprenger, Redfield State Hospital and School

APPENDIX B: REGION VIII, AAMD AWARDS

Mildred C. Thomson Memorial Award

The Region VIII, AAMD membership established this award in 1969 to perpetuate the memory of Mildred C. Thomson, who came to Minnesota in 1924 to serve in the Minnesota Children's Bureau "for just a year or two" but who stayed and served for over 30 years as the head of the Section for Mentally Deficient and Epileptic in the Minnesota Department of Public Welfare. Mildred C. Thomson was also a former national president of AAMD.

The Mildred C. Thomson Memorial Award is to be given annually by Region VIII, AAMD to a person (not necessarily a member of AAMD) who resides or works in the region and has displayed exceptional imagination and achievement in the field of mental retardation. This award might be given for program development, exceptional teaching, research, or some other outstanding contribution. Each recipient receives a plaque for permanent possession.

Since 1970 the following outstanding individuals have received the award:

1970	Henry V. Cobb, Ph.D.
1971	Frances Edwards
1972	Milla Rasmussen
1973	Robert Kugel, M.D.
1974	Frank Menolascino, M.D.
1975	Maynard Reynolds, Ph.D.

IRENE DUNN AWARD

Irene Dunn, Ph.D., was an educator from Wisconsin, a membership chairman of AAMD for several years, and a devoted friend of Region VIII, AAMD. She participated in the region's annual conferences until her death. In 1972 the Irene Dunn Award was established by the region in her honor.

The award carries a stipend to be given annually to a student or a person who has recently been a student who shows great potential for growth and performance in the area of mental retardation.

Among the recipients of the award have been:

1972	Benny Leonard
1973	(No recipient)
1974	Nokomis Swan
1975	David DeFreese

APPENDIX C: FEDERAL LAWS RELATED TO THE MENTALLY RETARDED
(SUMMARY)

1903

Immigration laws exclude all "idiots, imbeciles, and feeble-minded persons" from entrance to United States.

1917

Immigration laws require that physician determine "feeble-mindedness." (1965-The term "mentally retarded" replaces "idiots, imbeciles and feeble-minded" in statutes).

1920

Vocational Rehabilitation Act provides funds to states for services to any person because of physical impairment acquired by accident or incapacitated for remunerative occupation.

1931

Study ordered that includes the cause, prevalence, and means for direction prevention of mental illness.

Section on exceptional children formed in United States Office of Education.

1935

Social Security Act provides limited services and financial support to a small number of children who are mentally retarded through Crippled Childrens Services. (Although the Social Security Act of 1935 had very little immediate impact for persons who are mentally retarded, it created a framework for provision of Federal funds that would eventually be expanded to provide direct financial aid, medical assistance, and social services to individuals who are mentally retarded).

1943

Limits Federal funds for vocational rehabilitation to "classes or employable individuals" as defined by Federal Security Administration.

1950

Title XIV (Payments to states for needy individuals permanently and totally disabled) provides payments, medical care, remedial care to individuals who qualify for the program according to state law excludes persons living in mental institutions or confined to hospitals for mental illness from receiving benefits.

1954

Vocational rehabilitation services extend to individuals "under a physical or mental disability which constitutes a substantial handicap to employment, but which is of such a nature that vocational rehabilitation services may reasonably be expected to render him fit to engage in remunerative occupation.

Workshops may be established to provide remunerative employment to "severely handicapped individuals who cannot be readily absorbed into the labor market."

Redefines disability as "inability to engage in any gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or be of long, continued or indefinite duration."

Requires disabled individual be promptly referred to division of vocational rehabilitation in order that maximum number of people be restored to productive capacity. (Purpose to aid to disabled includes provision to "help such individuals attain or retain capability for self-support or self-care").

1955

Resolution recognizes "problems with outmoded reliance on simple, custodial care in mental institutions." Establishes National Mental Health Advisory Council to study resources, methods, practices for treatment, diagnosis and rehabilitation.

Title V of Social Security Act - An act for Maternal and Child Health and crippled children programs in relation to clinical services for retarded children.

Title II (Old Age Survivors and Disability Insurance) benefits extend to adults with disabilities which began prior to the age of 18 and who were dependent on an individual eligible for OASDI.

1958

Federal Grants available for training of leaders in the field of mental retardation. (P.L. 85-926)

1962

Title XVI (Old Age Assistance, Aid to Blind, Aid to Disabled and for Medical Assistance for the Aged) Provides payments to states in order to help qualifying individuals attain the ability for self-support and self-care.

States receiving assistance under Titles I, X, XIV do not qualify for Federal funds under Title XVI. (1962 version of Title XVI never implemented - amended in 1972)

Title IVB provides grants to states for foster homes and non-profit child-caring institutions.

1963

Title XVII provides grants to assist states to plan for comprehensive state and community action (prevention, treatment, amelioration) to combat mental retardation. (Monies available through Title XVII until 1967).

Mental Retardation Center and Community Mental Health Center Construction Act provides matching grants for construction of regional facilities for research relating to causes, means of prevention and amelioration of the effects of mental retardation; provides grants for training teachers in University affiliated facilities for research for handicapped children; provides grants for construction of community mental health centers. Covers legislated funds for support of training of educators in all categories of exceptional children.

1965

Title XIX (Grants to states for medical assistance to aged, blind, and disabled). Provides coverage of medical expenses for persons eligible and furnishes rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

National Teacher Corps approved. Head Start initiated. ESEA passed.

1967

Mental Retardation Facilities Construction Act extends to persons with other neurological conditions in addition to mental retardation.

Education Professions Development Act passed.

Bureau of Education for Handicapped is established.

1969

Title XIX (Medical Assistance) amended. Includes provision for reimbursement for services provided by intermediate care facilities for the mentally retarded (ICF/MR)

1970

Developmental Disabilities Services and Facili-

ties Act. Extends Mental Retardation Facilities and Mental Health Center Construction Act to provide funds for services and facilities for persons whose "disability may be attributed to mental retardation, cerebral palsy, and other neurological conditions closely related to or requiring similar treatment to mental retardation." Requires states to review services identify gaps to enable expansion of services. Developmental Disabilities Grants available through State Developmental Disability Planning Council.

1972

Economic Opportunity Act amended. Head Start Projects must provide programs to serve the special needs of handicapped children and open at least ten percent of enrollment to handicapped children.

Title XVI rewritten (Supplemental Security Income - SSI) provides grants to individuals who are disabled, blind or aged. (Implemented January 1, 1974) Replaces Titles I, X, XIV.

1973

Vocational Rehabilitation Act. Specifically includes individuals who are mentally retarded as qualifying for rehabilitation services. As conditions for federal funds, states must provide priority services to individuals with "most severe handicaps for whom vocational goals seem 'impossible' and to expand services to handicapped individuals not served in previous years."

1974

Housing and Community Development Act. Loans available for special housing projects for handicapped, includes developmentally disabled. Rent subsidies available to disabled persons.

1975

Education for all Handicapped Children Act. As condition for Federal funds, by 1977, all handicapped children must be provided a free, appropriate public education "That emphasizes special education and related services designed to meet their unique needs, to assure rights and the effectiveness of efforts to educate handicapped children." Requires individualized education plan to be developed for each child that identifies specific objectives, long term goals and assessment of progress.

1975

Title XX (Social Services) provides funds to states for social services to individuals. Goals include maximizing an individual's ability to

live self-dependently and prevention of institutionalization as well as deinstitutionalization.

Developmental Disabilities Facilities and Services Construction Act amended. Developmental disability as "Disability attributable to mental retardation, cerebral palsy, autism; to any other condition of a person found to be closely related to mental retardation because such condition results in impairment of general intellectual functioning or adaptive behavior to that of mentally retarded persons or requires treatment and services similar to those required for such persons: Attributable to dyslexia; originates prior to age 18 or can be expected to continue indefinitely; constitutes a handicap to such person's ability to function normally in soc-

iety." Raises level of Federal matching grants from ten percent to thirty percent for projects of national significance and specifies monies for deinstitutionalization of persons inappropriately placed. Title II establishes and protects rights of persons with developmental disabilities; right to treatment, services and rehabilitation; and that services be provided in a setting least restrictive to an individual's personal liberty. Federal and state agencies are obligated by law not to provide funds to institutional and residential facilities that violate an individual's rights and that do not meet general minimum standards. States must provide a system for protection of rights of a person with developmental disabilities by an authority separate from the state agency responsible for services.

Patrons
for
A Historical Perspective and Service Report
1876 - 1976

Frances Ames, Director, Family and Guardianship Services, Department of Public Welfare, St. Paul, Minnesota

Shirley Bengston, Assistant Director, Family and Guardianship Services, Department of Public Welfare, St. Paul, Minnesota

Heinz H. Bruhl, M.D., Faribault State Hospital, Faribault, Minnesota

David Bryan, Executive Director, The Association of Residences for the Retarded in Minnesota (ARRM)

Antusa S. Bryant, Professor, Special Education Department, Mankato State University, Mankato, Minnesota

Daniel Connor, Administrator, Greenbrier Home, Inc.

Louise Whitbeck Fraser School, Inc., Richfield, Minnesota

William A. Funari, Executive Director, Community Involvement Programs, Inc., Minneapolis, Minnesota

Gary Gleason, Director, Laura Baker School, Northfield, Minnesota

Melvin Heckt, Attorney, Richards, Montgomery and Cobb and Bassford, P.A., Minneapolis, Minnesota

Huested Foundation

Merlyn Larson, Executive Director, Hammer School, Wayzata, Minnesota

Laura Baker School, Northfield, Minnesota

Thomas Miller, Director, Pillsbury Manor, Minneapolis, Minnesota

Bonnie Suss, Special Education Consultant, Lakeland Educational Agency 3, Cylinder, Iowa

Gerald F. Walsh, Executive Director, Mount Olivet Rolling Acres, Excelsior, Minnesota

Woodvale Homes, Austin, Minnesota